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12 *Attorneys for Plaintiffs*
13 TERRI SMITH and MICHELE SMITH FREGOSO

14 UNITED STATES DISTRICT COURT
15 FOR THE NORTHERN DISTRICT OF CALIFORNIA
16

17 TERRI SMITH and MICHELE
SMITH FREGOSO,

18 Plaintiffs,

19 vs.

20 STONEBRIDGE LIFE
21 INSURANCE COMPANY,

22 Defendant.

Case No. C 08-01466 JCS

Magistrate Judge Joseph C. Spero

STIPULATION AUTHENTICATING
EXHIBITS IN CONNECTION WITH
CROSS-MOTIONS FOR PARTIAL
SUMMARY JUDGMENT ON
PLAINTIFFS' FIRST CAUSE OF
ACTION FOR BREACH OF
CONTRACT

Hearing Date: September 26, 2008

Hearing Time: 9:30 a.m.

Courtroom: A

Action Filed: September 5, 2007

1 Plaintiffs Terri Smith and Michele Smith Fregoso (“Plaintiffs”) and
 2 Defendant Stonebridge Life Insurance Company (“Stonebridge”), through their
 3 counsel of record, submit the following stipulation to authenticate exhibits in
 4 connection with their respective Cross-Motions for Partial Summary Judgment on
 5 Plaintiffs’ First Cause of Action for Breach of Contract.

6 1. Attached as **Exhibit A** is a true and correct copy of Stonebridge
 7 Accidental Death and Dismemberment Policy No. 72A45PO585, effective
 8 November 7, 2005, issued to Diane Geraldine Hall-Hussain (the “Policy”).

9 2. Attached as **Exhibit B** is a true and correct copy of the Humboldt
 10 County Coroner’s Death Investigation Report regarding Ms. Hall-Hussain,
 11 including the Toxicology Report from Central Valley Toxicology, which is
 12 incorporated into the Death Investigation Report by reference.

13 3. Attached as **Exhibit C** is a true and correct copy of Ms. Hall-Hussain’s
 14 Death Certificate.

15 4. Attached as **Exhibit D** is a true and correct copy of Dr. Chia Chen’s
 16 medical records relating to Ms. Hall-Hussain.

17 5. Attached as **Exhibit E** is a true and correct copy of a June 12, 2007
 18 letter from Stonebridge to Plaintiffs denying their claim for benefits.

19 6. Attached as **Exhibit F** is a true and correct copy of a July 20, 2007
 20 letter from Plaintiffs’ counsel to Stonebridge.

21 7. Attached as **Exhibit G** is a true and correct copy of an August 9, 2007
 22 letter from Stonebridge to Plaintiffs’ counsel.

23 8. Attached as **Exhibit H** is a true and correct copy of Plaintiffs’ claim
 24 form received by Stonebridge on April 27, 2007.

25 9. Attached as **Exhibit I** is a true and correct copy of Plaintiffs’ Affidavit
 26 of Heirship received by Stonebridge on April 30, 2007.

27 10. Attached as **Exhibit J** are true and correct copies of excerpts from the
 28 transcript of the deposition of Dr. Chia Chen, taken on April 11, 2008.

1 11. Attached as **Exhibit K** are true and correct copies of excerpts from the
2 transcript of the deposition of Humboldt County Deputy Coroner Roy Horton,
3 taken on April 11, 2008.

4 IT IS SO STIPULATED.

5
6 Dated: August 13, 2008

MANATT, PHELPS & PHILLIPS, LLP
MARGARET LEVY
JOSEPH E. LASKA

7
8
9 By: /s/ Joseph E. Laska
Joseph E. Laska
Attorneys for Defendant
STONEBRIDGE LIFE INSURANCE
COMPANY

10
11
12 Dated: August 13, 2008

STENNETT/CASINO
JOHN P. STENNETT
BARBARA A. CASINO

13
14
15 By: /s/ John P. Stennett*
John P. Stennett
Attorneys for Plaintiffs
TERRI SMITH and MICHELE
SMITH FREGOSO

16
17
18 (*Signed electronically by written
19 permission granted on 8/13/2008.)
20
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EXHIBIT A

Stonebridge Life Insurance Company

A Stock Company
Home Office: Rutland, Vermont
Administrative Office: 2700 West Plano Parkway, Plano, Texas 75075

ACCIDENTAL DEATH AND DISMEMBERMENT COVERAGE

Stonebridge Life Insurance Company (herein called "we," "us" or "our") has issued this Policy to the Insured (herein called "you," "your" or "yours"). Coverage is provided to you, the Insured, and any covered family members, subject to all the exclusions and provisions of this Policy.

THIRTY DAY RIGHT TO EXAMINE POLICY

If you are not satisfied with this insurance, you may void it by returning this Policy within thirty days after you receive it to our Administrative Office. You will receive a full refund of any premium you have paid.

NONCANCELABLE AND GUARANTEED RENEWABLE FOR LIFE

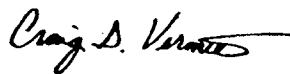
You may keep this Policy in force for as long as you live. We do not have the right to:

1. cancel your coverage; or
2. place any restriction on your coverage while it is in force; or
3. refuse a premium paid on or before the date due or within the Grace Period.

Renewal premiums may not be increased.

If a person is added to or removed from coverage, the premium amount may be adjusted to reflect the change in coverage. Renewal premiums are due on the first day of each renewal period. Your coverage will expire if the premium is not paid by the end of the Grace Period.

This Policy is signed for Stonebridge Life Insurance Company by its Secretary and its President.



Secretary



President

Countersignature of licensed resident agent (if required by your state)

SCHEDULE OF INSURANCE

POLICY NUMBER: 72A45P0585

EFFECTIVE DATE: November 07, 2005

INSURED: DIANE HUSSAIN
606 8TH ST APT 2
EUREKA CA 95501

MONTHLY PREMIUM: \$5.65
FAMILY COVERAGE: NO

SCHEDULE OF INSURANCE

PRINCIPAL SUMS:	AMOUNT		
COVERED PERSONS UNDER AGE 70:	<u>INSURED</u>	<u>SPOUSE</u>	<u>EACH CHILD</u>
PART I			
COMMON CARRIER	\$50,000	NIL	NIL
PART II			
PRIVATE PASSENGER AUTOMOBILE AND LAND MOTOR VEHICLE	\$50,000	NIL	NIL
PART III			
ALL OTHER INJURIES	\$50,000	NIL	NIL

COVERED PERSONS AGE 70 AND OVER:

BENEFITS ARE ONE-HALF (50%) OF THE ABOVE AMOUNTS IF, BEFORE THE DATE OF INJURY RESULTING IN A COVERED LOSS, THE COVERED PERSON HAS ATTAINED AGE 70.

GUIDE TO POLICY PROVISIONS

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DEFINITIONS

INSURED (herein called "you," "your," or "yours") means you, the Insured named on the Schedule of Insurance, provided coverage has become effective.

COVERED PERSON means, for coverage purposes only, you and the following persons, provided coverage has become effective:

1. your spouse; and
2. each of your children (including step-children, or legally adopted children, children who have been legally placed for adoption, or children in the waiting period prior to finalization of proposed adoption by either you or your spouse) 18 years of age or younger, unmarried and dependent upon you for support and maintenance; and
3. your unmarried child 19 years of age but less than 23 years of age if the child is:
 - a. a full-time student; and
 - b. dependent upon you for support and maintenance.

INJURY for which benefits are provided, means bodily injury caused by an accident which occurs while this Policy is in force. The Injury must be the direct cause of Loss, independent of disease or bodily infirmity.

INJURED means having suffered an Injury.

LOSS means:

1. Loss of Life;
2. With reference to hand or foot, complete severance at, through, or above the wrist or ankle joint;
3. With reference to eye, the total and irrecoverable loss of the entire sight thereof.

Loss does not mean loss of use.

PRIVATE PASSENGER AUTOMOBILE means a four-wheeled automobile which is required to be registered with the state for use on public highways; which is not registered to carry passengers for hire and which is of the pleasure type, including a station wagon, van, jeep, or truck type with a factory rating load capacity of 2,000 pounds or less or self-propelled motor home type vehicles.

Construction equipment, recreational vehicles, motorcycles and motorscooters are specifically excluded under Private Passenger Automobile. Farm equipment and forklifts, unless specifically designed and primarily used for transportation, are excluded.

LAND MOTOR VEHICLE includes any gasoline, diesel, or similarly powered vehicle which is required to be

registered with the state for use on public highways, customarily used for transportation on land and for which the operator is required to be licensed.

This category includes, but is not limited to the following:

1. vehicles considered "Private Passenger Automobiles" by the Policy; and
2. vehicles with more than four wheels, such as tractor/trailer rigs and flat bed trucks.

Construction equipment, recreational vehicles, motorcycles and motorscooters are specifically excluded under Land Motor Vehicle. Farm equipment and forklifts, unless specifically designed and primarily used for transportation, are excluded.

COMMON CARRIER means a public conveyance which is:

1. licensed to transport passengers for hire; and
2. provided and operated (a) for regular passenger service by land, water, or air, and (b) on a regular passenger route with a definite regular schedule of departures and arrivals between established and recognized points of departure and arrival; and
3. provided and operated under a Common Carrier license at the time of Loss.

ELIGIBILITY

If you have reached the age of 18 years and are under the age of 81, you are eligible to apply for coverage under this Policy for yourself and for your eligible family members.

EFFECTIVE DATE

Coverage shall become effective on the date shown on the Schedule of Insurance.

TERMINATION

Your insurance ends on the last day of the period covered by your last premium payment, subject to the Grace Period provision.

COVERAGE**PART I - BENEFIT FOR TRAVEL BY REGULARLY SCHEDULED COMMON CARRIER**

If a Covered Person is Injured as a direct result of a collision, crash or sinking of a duly licensed Common Carrier while riding as a fare paying passenger inside such Common Carrier, we will pay the applicable benefits listed in Part I of the Schedule of Insurance for the appropriate Loss as shown in the Schedule of Losses and Benefits.

PART II - BENEFIT FOR TRAVEL BY PRIVATE PASSENGER AUTOMOBILE AND LAND MOTOR VEHICLE

If a Covered Person is Injured:

1. by being struck by a Private Passenger Automobile; or
2. as a direct result of a collision or crash of a Private Passenger Automobile; or
3. by being struck by a Land Motor Vehicle; or
4. as a direct result of a collision or crash of a Land Motor Vehicle,

we will pay the applicable benefit specified in Part II of the Schedule of Insurance for the appropriate Loss as shown in the Schedule of Losses and Benefits.

PART III - BENEFIT FOR ALL OTHER INJURIES RESULTING IN A LOSS

If a Covered Person is Injured in an accident not covered under Part I or Part II and not otherwise excluded in the Policy, we will pay the applicable benefit specified in Part III of the Schedule of Insurance for the appropriate Loss as shown in the Schedule of Losses and Benefits.

SCHEDULE OF BENEFITS**ACCIDENTAL DEATH AND DISMEMBERMENT**

If, as a result of Injury occurring under any of the circumstances listed in the Coverage section, and not otherwise excluded, a Covered Person suffers any of the following Losses within 90 days after the date of an accident which caused such Injury, we will pay the benefit shown below:

SCHEDULE OF LOSSES AND BENEFITS	
Life	THE PRINCIPAL SUM
Both Hands or Both Feet	
or Sight of Both Eyes	The Principal Sum
One Hand and One Foot	The Principal Sum
One Hand and Sight of One Eye	The Principal Sum
One Foot and Sight of One Eye	The Principal Sum
One Hand or One Foot or Sight of One Eye	One-Half the Principal Sum

Principal Sums for each Covered Person are as specified on the Schedule of Insurance. Only one of the above benefits, the largest, will be paid for multiple Losses that result from one accident for each Covered Person.

EXCLUSIONS

No benefit shall be paid for Injury that:

1. is intentionally self-inflicted, while sane or insane;
2. is due to a war or act of war, whether declared or not;
3. is caused by or results from the Covered Person's taking or using any narcotic, barbiturate or any other drug, unless taken or used as prescribed by a Physician;
4. is caused by or results from the Covered Person's blood alcohol level being .10 percent weight by volume or higher;
5. occurs while the Covered Person is acting either as a pilot or crew member or while a passenger, other than a fare paying passenger, in any aircraft;
6. had as its contributing cause, the Covered Person's commission of or attempt to commit a felony, or had as its contributing cause, the Covered Person's being engaged in an illegal occupation; or
7. is due to disease, bodily or mental infirmity, or medical or surgical treatment of these.

REDUCTION

All benefits will reduce by one-half (50%) of that otherwise payable if, before the date of Injury resulting in a covered Loss, the Covered Person attains age 70.

BENEFICIARY

All benefits are payable to you, if living. Unless you specify otherwise, any other benefit due for Loss of Life will be paid as follows:

1. At your death, it will be paid to your spouse, if living; otherwise, to your estate.
2. At the death of any other Covered Person, it will be paid to you, if living; otherwise, as though it were payable under (1) above.

Any payment made under this section will fully release the Company to the extent of the payment. The beneficiaries designated may be changed in accordance with the Change of Beneficiary Provision, subject to the community property laws in your state of residence.

CONTINUATION OF COVERAGE

In the event of your death, your covered spouse, if any, shall be deemed the Insured. Otherwise, the coverage will terminate on the next renewal date. If your spouse ceases to be your spouse for reasons other than your death, your spouse will no longer be covered as of the next monthly renewal date.

Coverage for any covered child insured under this Policy shall terminate as of the next renewal date after the covered child's marriage or 19th birthday. If any covered child is unmarried, a full-time student, and dependent upon the Insured for support and maintenance, coverage under this Policy shall terminate as of the next renewal date after the covered child's 23rd birthday.

A covered child may continue to be covered if upon reaching the limiting age the covered child is, and continues thereafter to be, both:

1. incapable of self-sustaining employment by reason of mental or physical handicap; and
2. chiefly dependent upon you for support and maintenance.

You must write and tell us a covered child meets the above requirements for Continuation of Coverage. We may require periodic proof of continued eligibility for Continuation of Coverage.

CONVERSION

The covered child or spouse whose coverage ceases may apply for his or her own Policy within 31 days after coverage ceases. No evidence of insurability will be required. The new Policy will be issued:

1. on our form at that time with benefits most like but not greater than those of this Policy; and
2. at the adult rate for the attained age of the person at that time.

The Effective Date of coverage under the new Policy will be the same as the Effective Date of the conversion. We will not pay under the new Policy for any Loss for which benefits have been paid under this Policy.

NEWBORN CHILDREN

If your spouse or any children are already covered under this Policy and a child is born to you, the benefit amount for the newborn child will be the same as for other children. If no other child is covered under this Policy, the benefit will be the amount which would have been issued to children as of the Effective Date of this Policy.

If neither your spouse nor another child is covered under this Policy, you must notify us of the birth of a child if you wish to add child coverage. There will be an increase in the premium as of the next monthly renewal date after we have been notified of the child's birth. The child is covered free from the time of notification until that date. The child will be dropped from coverage if the increased premium is not paid within 31 days after that due date. The child's benefit will be the amount which would have been issued to children as of the Effective Date of this Policy.

GENERAL PROVISIONS

ENTIRE CONTRACT; CHANGES

This Policy, including the application, and any endorsements or attached papers, if any, constitutes the entire contract of insurance. No change in this Policy will be valid until approved by an executive officer of the Company and unless such approval is endorsed hereon or attached hereto. No agent has authority to change this Policy or waive any of its provisions.

INCONTESTABILITY

We cannot contest this Policy except for fraud or for not paying premiums.

CHANGE OF BENEFICIARY

You may change the beneficiary at any time by writing to us at 2700 West Plano Parkway, Plano, Texas, 75075. Once we record the change, it will take effect as of the day you signed the request, subject to any claim payment made before such recording. The consent of the beneficiary is not needed for the change, unless the beneficiary designation was irrevocable. Any change of beneficiary is subject to Community Property laws in your state of residence.

PAYMENT OF PREMIUM

Premiums are payable at our Administrative Office. Each premium, after the first premium, is payable in advance on or before its due date. The due date means the date a premium is due to maintain coverage, exclusive of the Grace Period. Failure to pay any premium, after the first premium, on or before its due date will constitute default in payment of premium as of the due date.

GRACE PERIOD

If a premium is not paid when due, the insurance shall be in default. We will allow a 31 day Grace Period to pay each premium after the first one. If a premium is not paid on or before the end of the Grace Period, the insurance shall terminate, effective the last day of the period covered by your last premium contribution.

REINSTATEMENT

Your Policy will lapse if you do not pay your premium before the end of the Grace Period. If we later accept a premium and do not require an application for reinstatement, that payment will put the Policy back in force. If we require an application for reinstatement, this Policy will be put back in force when we approve it and the required premium is received. If we do not approve it, the Policy will be put back in force on the 45th day after the date of application for reinstatement, unless we give you prior written notice of its disapproval.

The reinstated Policy only covers Loss due to an Injury caused by an accident that occurs after the date of reinstatement. In all other respects, you and we have the same rights under the Policy as were in effect before it lapsed, unless special conditions are added in connection with the reinstatement.

NOTICE OF CLAIM

Written Notice of Claim must be given to us within 30 days after any Loss covered under the Policy occurs or as soon as possible thereafter. You may give the notice or may have someone do it for you. The notice should include your name and Policy Number as shown on the Schedule of Insurance. Notice should be mailed to us at P.O. Box 869090, Plano, Texas, 75086-9916.

CLAIM FORMS

When we receive the Notice of Claim, we will send the claimant forms for filing Proof of Loss. If we do not send the forms within 15 days, the claimant can meet the Proof of Loss requirement by providing us with a written statement describing what happened. We must receive this statement within the time given for filing Proof of Loss.

PROOF OF LOSS

Written Proof of Loss must be given to us within 90 days after the date of the Loss or as soon as possible thereafter. Proof must, however, be furnished no later than one year from the time it is otherwise required, except in the absence of legal capacity.

MISSTATEMENT OF AGE

If the age of a Covered Person has been misstated, all amounts payable shall be in the amount the premium paid would have bought for the correct age. If, as a result of misstatement, we accept a premium for any period when coverage would not normally have been in effect, then our liability for such period shall be a refund, upon request, of all premiums paid for such period.

TIME OF PAYMENT OF CLAIMS

We will pay all benefits covered by the Policy as soon as we receive proper written Proof of Loss sufficient to determine liability.

PAYMENT OF CLAIMS

All benefits are payable to you, if living. Loss of Life benefits for you are payable in accordance with the beneficiary designation in effect at the time of payment. Any benefits, other than for Loss of Life, unpaid at your death may be paid, at our option, either to your beneficiary or estate.

ASSIGNMENT

You may assign any rights you have under this Policy, including the right to receive benefits. We are not bound by any assignment unless it is in writing and recorded by us. We are not responsible for the validity of any assignment. The rights of an assignee will at all times be subject to any indebtedness to us.

PHYSICAL EXAM AND AUTOPSY

At our expense, we shall have the right to examine a Covered Person when and as often as is reasonable while a claim is pending. We may also have an autopsy done in case of death where it is not forbidden by law.

LEGAL ACTIONS

No action can be brought to recover on the Policy for at least 60 days after written Proof of Loss has been furnished. No such action shall be brought more than 3 years after the date Proof of Loss is required.

CONFORMITY WITH STATE STATUTES

The provisions of this Policy must conform with the laws of the state in which you reside on the Effective Date. If any do not, they are hereby amended to conform.


OTHER INSURANCE IN THIS COMPANY

If a Covered Person is insured under more than one Accidental Death and Dismemberment policy in effect with us at any one time, our maximum liability is limited to the lesser of the total amount of benefits payable under all such policies or \$1,000,000. Upon discovery of duplication in excess of our maximum liability, we will refund all premiums paid for all such policies.

EXHIBIT B

FROM : HUMBOLDT CORONER_707-445 10. FAX NO. : 707 445 7400

4. 07 2007 11:13 AM P1

		HUMBOLDT COUNTY OFFICE OF THE CORONER DEATH INVESTIGATION REPORT				CORONER'S CASE NO. 11-C-067-07	
DECEDENT'S FIRST NAME Diane		MIDDLE NAME Geraldine		LAST NAME Hussain		OTHER AGENCY CASE NO.	
RESIDENTIAL ADDRESS 606 8 th St. #2 Eureka						PHONE NO. WORK N/A	
DATE OF BIRTH REDACTED		AGE 59	SEX F	HEIGHT REDACTED	WEIGHT REDACTED	HAIR REDACTED	EYES REDACTED
DATE REPORTED 04/09/2007		TIME REPORTED 1115		REPORTED BY Eureka Police		PHONE NUMBER	
LOCATION OF DEATH Residence				DATE 04/09/2007		TIME 1100 PND	
NAME OF NEXT OF KIN Michelle Fregoso				RELATIONSHIP Daughter		WHEN NOTIFIED By Uncle	
ADDRESS 2235 Forest Lake Ct. Eureka						PHONE NUMBER 616-3904	
NAME OF OTHER				RELATIONSHIP		WHEN NOTIFIED	
ADDRESS						PHONE NUMBER	
MANNER OF DEATH		NATURAL <input type="checkbox"/>		SUICIDE <input type="checkbox"/>		HOMICIDE <input type="checkbox"/>	
						ACCIDENTAL <input checked="" type="checkbox"/>	
						INDETERMINED <input type="checkbox"/>	
RESIDENTIAL AGENCY OR MORTUARY Deputy Coroner, Roy Horton						PHONE NUMBER 445-7242	
FAMILY DOCTOR Dr. Chen						PHONE NUMBER	
ATTENDING PHYSICIAN OF DECEASED						PHONE NUMBER	
REMARKS/REMARKS: Decedent had some medical history. Accidental overdose of Oxycodone. See report pg#2.							
RECEIVED MAY 08 2007 CLAIMS							
REPORTING OFFICER ROY W. HORTON				DATE REPORTED 05/01/2007		REFERENCE TO	
						PHOTO'S TAKEN XX	
						SIGNATURE	

ROY W. HORTON, Deputy Coroner

SLIC 0070

Page: 2

Humboldt County
Coroner's Office

Name: Hussain, Diane

Case # C-067-07

On 04/09/2007 at 1115 hrs. I received a call at the Coroner's Office from dispatch at Eureka Police Department. Police were requesting that I respond to 606 8th St #2 in Eureka. A 59 year old female had been found dead at that location. I took this as Coroner's case #067-07 and responded to the address.

Outside the apartment I was met by Officer Laird with the Eureka Police Department. Officer Laird identified the decedent as Diane Geraldine Hussain, DOB **REDACTED**. Laird stated the decedent had been found by her brother, Calvin Hall who had come over to check on her after he could not call her and noticed that her car was at the residence. Hall made entrance through the side window because the apartment door was locked. The decedent had a recent history of bronchitis and had gone to the hospital on 04/07/2007 and was seen at urgent care, and released. The decedent was seeing Dr. Chen and was receiving medication from her, which included Oxycodone.

I went inside the apartment where I located the decedent in the one and only bedroom. The decedent was dressed in a nightgown, sitting in the prayer position along side the bed. I took several digital photos before proceeding further. I located several medications in the room. The decedent was being seen by Dr. Chen. One bottle had contained 180 Oxycontin that was 40 mg each. The prescription had been received on March 27, 2007. The bottle only had one tablet remaining. I also found one Oxycontin tab on the bed that had been spilled out of the opened bottle. The Oxycontin bottle was the only medication bottle that the lying on the bed. The rest of the medications were on the night stand. Those medications included Cephalexin, Metoprolol, Glimepiride, Diltiazem, Norvasc, Metoclopramide, Famotidine, Temazepam, and Bactrim. I also found an empty bottle of beer on the night stand.

The body was warm to the touch where it made contact with the bed. Lividity was proper for position and did not blanch under hard pressure. Rigor was firm in the extremities, but broke easily. No sign of trauma was noted anywhere on the body. The decedent's left foot was bandaged up and I later learned she had an ulcerated foot.

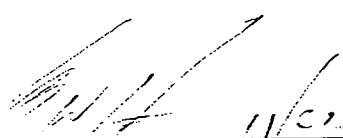
With the help of the on scene officer, I secured the body of the decedent into the Coroner's vehicle.

I began my interview with brother, Calvin Hall. Hall stated his sister had Diabetes, and possible heart problems. Hall stated his sister drank some alcohol and did smoke. I informed Hall that several Oxycontin were missing out of the bottle.

I returned to the Coroner's Office where I drew postmortem blood from the decedent. I sent the blood to Central Valley Toxicology for a drug and alcohol screen. The results of that test have become a part of this file. The lab reported finding a potentially toxic amount of Oxycodone in the decedent's blood.

I called and spoke to Dr. Chen. Dr. Chen stated she had recently upped the dosage of Oxycodone because the previous amount was not effective anymore. Dr. Chen stated the decedent did have diabetes and high cholesterol.

Investigator:


 ROY W. HORTON, Deputy Coroner

Date Signed:

 RECEIVED
 MAY 21 2007

CLAIMS

5/21/07

bjw

SLIC 0071

Page: 3

Humboldt County
Coroner's Office

Name: Hussain, Diane

Case # C-067-07

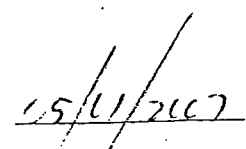
I signed the cause of death as Oxycodone Intoxication. The manner of death was struck as accidental. The body of the decedent was released to Empire Mortuary Service. No autopsy was performed. No further action by this department is anticipated at this time. Case cleared.

RECEIVED
MAY 21 2007
CLAIMS

Investigator:


ROY W. HORTON, Deputy Coroner

Date Signed:


15/11/2007

SLIC 0072

**Case Name:**

Hussain,

Diane

Specimen Description:**Delivered by****Date****Received by****Date****Request:**

C-067-07

Requesting Agency**Report To**

Humboldt County Coroner
3012 "I" Street
Eureka CA 95501

TOXICOLOGY NUMBER: CVT-07-4761**RESULTS****Blood Reference Ranges:**

Blood Amitriptyline Ranges
Effective Level: (0.05 - 0.3 mg/L)
Potentially Toxic: (0.5 - 2.0 mg/L)

Blood Oxycodone Ranges
Effective Level: (0.005 - 0.05 mg/L)
Potentially Toxic: (0.2 mg/L)

Blood Metoclopramide Ranges
Effective Level: (0.04 - 0.15 mg/L)
Potentially Toxic: (0.1 - 0.2 mg/L)

Blood Trimethoprim Ranges
Effective Level: (1.5 - 2.5 mg/L)
Potentially Toxic: (15 - 20 mg/L)

Blood Nortriptyline Ranges
Effective Level: (0.04 - 0.3 mg/L)
Potentially Toxic: (0.5 - 2.0 mg/L)

Blood Oxymorphone Ranges
Effective Level: Not Known
Potentially Toxic: Not Known

Blood Temazepam Ranges
Effective Level: (0.3 - 0.9 mg/L)
Potentially Toxic: (1.0 mg/L)

Analyst

RECEIVED
MAY 21 2007
CLAIMS

B.L. POSE
S.N. KIMBI
Directors

1580 Tollhouse Fz
Clovis, California 93
Phone (559) 323-77
Fax (559) 323-77

TOTAL P. 02

SLIC 0073



Case Name:

TOXICOLOGY NUMBER: CVT-07-4761

Hussain, Diane
Specimen Description: 5.5 ml blood (gray top vial) labeled "Hussain, Diane; C-067-07; 04/9/07"

Delivered by	Date	Received by	Date
Federal Express	10-Apr-07	Bill Posey	10-Apr-07
Request:			
Complete Drug Screen		C-067-07	
Requesting Agency		Report To	
Humboldt County Coroner		Humboldt County Coroner	
3012 "I" Street		Attn: Records	
Eureka CA 95501		3012 "I" Street	
		Eureka CA 95501	

RESULTS

Specimen: Blood Sample

Complete Drug Screen: Amitriptyline, Benzodiazepine, Metoclopramide,
 Oxycodone and Trimethoprim detected.
 No other common acidic, neutral or basic drugs detected.
 No blood Ethyl Alcohol detected.

Amitriptyline = 0.27 mg/L
 Nortriptyline = 0.08 mg/L

Oxycodone = 0.25 mg/L
 Oxymorphone = 0.05 mg/L


Metoclopramide = 0.02 mg/L

Temazepam = 0.05 mg/L

Trimethoprim = 0.16 mg/L

Blood Ranges Attached:

RECEIVED
 MAY 21 2007
 CLAIMS


 B. L. Posey

April 20, 2007

Analyst

B.L. POSEY
S.N. KIMBLE
 Directors

1580 Tollhouse Road
 Clovis, California 93611
 Phone (559) 323-9941
 Fax (559) 323-7502

SLIC 0074

EXHIBIT C

CERTIFICATION OF VITAL RECORDS

COUNTY OF HUMBOLDT
Eureka, California 95501

IDENTIFICATION		CERTIFICATE OF DEATH		3206712000377	
NAME OF DECEASED		DATE OF BIRTH		DATE OF DEATH	
PIANE		GERALDINE		HOSBATH	
PIANE GERALDINE HALL		12/27/1947		04/09/2007	
213-52-1567		divorced		1100	
Associate		African American			
Residential Treatment Specialist		Handicapped Services		5	
406 Bch St., #2		Bureka		Burdolde	
Michelle Ferguson - Daughter		2235 Forest Lake Cr., Bureka, CA 95501			
Salvin		Hall		MD	
Constance		Ala Luck		MD	
04/13/2007		James Memorial Cemetery, Mitchell, W.V., MD 20712			
E/Te/BU		Not embalmed			
Empire Mortuary Services, Inc.		70-1703		04/12/2007	
Reel-Anna		Burdolde		Bureka	
606 Bch St. #2		Pending Investigation		C-067-07	
Frank J. Jager, Coroner		04/11/2007		Frank J. Jager, Coroner	



This is a true and exact reproduction of the document officially registered and placed on file in the office of the Humoldt County Local Registrar.

ARM LINDSEY MD
ARM LINDSEY MD
HEALTH OFFICER AND LOCAL NEGOTIATOR
SANTA CLARA COUNTY, CALIFORNIA

DATE SAILED

This copy is not valid unless prepared on an engraved border, displaying the date, text and signature of the County Health Officer.



* 000024912 *

04 2E 2007



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APR 27 2007

SLIC 0067

COUNTY OF HUMBOLDT
Eureka, California 95501

3200712000177

[illegible]

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APR 27 2007

SLIC 0068

ULANIV

EXHIBIT D

STONEBRIDGE LIFE

Insurance Company

Administrative Office:
2200 West Plano Parkway • Plano, Texas 75075-8200

Ship +
Bill
TP

May 2, 2007

Redwood Family Practice
2550 Buhrle St. #A
Berkeley, CA 94701

Regarding:
Claim Number:
SSN: REDACTED

Diane Geraldine Hall-Hussain
B-631833
Date of Birth: 12/17/1947

We are considering an Accidental Death Benefit claim on the life of Ms. Hussain. In order to properly evaluate our claim, we need your assistance. Please answer the following questions for the listed drugs at your earliest opportunity. Also provide a copy of your office records for 11/1/06 through 4/9/07.

Please advise:

- The medical condition for which the drug was prescribed;
- When the drug was initially prescribed;
- What was the prescribed dose of each drug;
- What date was the last refill of each drug?

↑ Please attach

SPS 5/3/07

- 1) Amitriptyline: Neuropathy
- 2) Oxycodone: chronic pain
- 3) Metoclopramide: GERD
- 4) Trimethoprim: skin infection
- 5) Temazepam: sleep D/D

We appreciate your assistance. Please sign and date in the space provided below, and fax your response to us at 972-881-6367. Should you have any questions, please contact me or our toll-free number 1-800-692-5246, extension 6265. My direct number is 972-881-6265, and our email address is claimsadmin@aegonusa.com

Judy Lovelady
Judy Lovelady, ALHC
Technical Claims Specialist
Claims Department

Signature

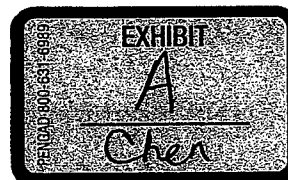
CA

5/2/07

Date

95-1587 (06/05)

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CLAIMS



SLIC 0111

Hussain, Diane
Case 3:08-cv-01466-JCS Document 17-3 Filed 08/13/2008 Page 3 of 94
2350 Bunne Street, Suite A
CA 95501 707.443-4593
APR 03 2007 WT, 176 T, 97.7 BP, 158/90 / Hole in bottom of
(L) foot. Getting worse, BG = 492 M.

S:CC: Pt. comes in today for abscess on R groin.

Diane states that she has noticed a new lesion on her R groin. In past 2 months she has had a labial cyst and a cyst on (L) inferior buttock which were treated w/ antibiotics. Pt. states that she is only taking Levamisole 700 @ hs and Regular insulin 25u in Am. She is not taking her BG's at all. She states the reason for this is ↑ pain in hands, legs, feet. She feels depressed because of pain and doesn't want to bother w/ BG's. She was seen yesterday by podiatrist for blister on plantar surface of (L) foot. This was treated, pt. is worried that foot looks red and swollen. Stated she will return to podiatrist tomorrow for follow-up. She also c/o memory loss, she gets into car and forgets where she is driving to. Last FBG = 491 $\frac{3}{2}$ / $\frac{1}{1}$ A1C = 15.4 $\frac{2}{12}$ / $\frac{1}{1}$. Pt. states she knows she must go back to taking BG's and using sliding scale. She is taking all of her other medication. c/o loss of appetite.

O: Gen: Tired appearing 59 yo black female in NAD.

Skin: (L) foot w/ figure 8 coban dressing covering distal portion. Skin by great toe dusky in color otherwise tan appearing. Edema seen under dressing as it is pulled back. (L) lower buttock has resolving cyst which has white nodular appearance, non fluctuant. (R) groin has approx .75cm circumscribed brown bump. BG in office 492.

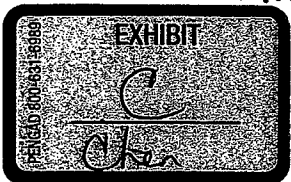
A: Dm Type II, poorly controlled

Resolving abscess, (L) inferior buttock.

Raised papular lesion, R groin.

over error M. A. Meyers RN - Student FNP
(Continued next page)

Chen
ex B



4.3.07 / 197 (cont)

P:-Dr. Chen instructed pt. to be certain to check BG at least 3 times per day and use Sliding Scale. Also reiterated the importance of controlling BG to control other symptoms of pain, memory loss, loss of appetite.

- Levimir ↑ to 70u at HS, 40u in AM.

- Stop Regular insulin 25u in AM and use only for Sliding Scale.

- ↑ Oxycontin to 40mg TID. #270

- Encouraged pt. to follow diabetic diet, check BG's and use Sliding Scale as previously prescribed.

- Pt. will f/u c podiatrist tomorrow for footcare.

- May use warm compress to (R) groin papule.

- F/u in one month

↑ Glucil 200mg qtz

MaryAnn Meyers RN - Student FNP

CH

7/9/07 found ↓ in her Apt
UC - Sat → Bronchitis

? Oxycontin
? aspirator
? MI

called coroner

SLIC 0112

CHRONIC PROBLEM LIS

PATIENT: Hussain, Diane		Date of Birth: 12-17-47
Problem #	PROBLEM	
	③ Bendalcalci	
	Toxic Hepatitis P Razuin	
	DM - 1	
	HTN	
	Gout	
	Insomnia	
	Chol	
	Neuropathy. Neconin didn't	
	Microcytic anemia - Dr. B. B. 3	
	Familial hemochromatosis - Dr. B. B. 3	
	Osteoporosis 5-6 previously	
	Hysterectomy - total	
	- GB removed	
	- Total Hyst.	
	- tonsilectomy	
	Removal of gallbladder removed	
	Cardiac Risk Factors:	
	Family History:	
	Family Planning Method:	
	postmeno	
	Social History: (DOB) (part)	
	beton	
	Allergies: PCN, Ambien.	

5-7242
Humb. Co.
Corona
Ran Horton

Detrol^{FLA}
tolterodine tartrate
extended-release tablets
1-888-4-DETROL
www.Detrol.com

LIPITOR
atorvastatin calcium
tablets

Diane Hussain
Leaving March 2nd to
daughter's house.

Needs oxycodone.
ok to 1st of 1st
mark on med list
chart on med list
19st 2-07-07
www.LIPITORhcp.com

SLIC 0113

Aussain, Diane

FEB 12 2007

WT. 180 T. 97.6 BP. 162/90 R. 14 P. 68 / FU - M.

↓ 20#

on levemir + 1 AK

ms clear

ext edema

feet onychomycosis, & new sores/pulcs
DP pulse +1 @

labs not done yet - pt last step

no some equilibrium issues
pt all s

A/ D.M. insulin

chronic pain - Back
osteoporosis neuropathy

P/ tyrimos.

that Actonel + cat (SE/precautions site -)

do labs

CC

Mussam, Diane

NOV 03 2006

WT. 200 T. 98.3 BP. 140/82 R. 18 /FU
 Flu shot given 0.5 ml in (R) deltoid

HgbMC 13.9 ↑ Cholesterol 234/392/48/141

WT loss 4#

Liver 49

lanitis 60µ 9HS

Amulya 25µ 2x/d

Swan on
 4X dose of
 pravastatin
 x2 wks

At the eating - came back to bed = plate not eating.

MS clear/Baseline Oxycontin Med helps - same control
 CV RNA Bnew SE.

up CIA @

ext of leg

feet - @ thea.

A/ DM

Tobol.

Renal insuff

P/ Δ to Vytorin 10/20

Δ to Levenir 70µ 9HS

clotrimazole 1% crea.

Flu Vax

thea Meds
 Chronic P.A.H.

Oxycontin 40mg #180 11/14

u

MAY 15 2007

CLAIMS

SLIC 0115

Hussain, Dia & G

10/4/06 WT 204 T98.3

BP 170/80

P72

R.16

F/u

HbG 200's

off sugar/cho

At time binges - same.

lab test
result

(MP)

↓ WT 16 #

labs (P)

Re Cobb - Ayr+ (P)

CURRU

wy CTA @

R 3rd toe (EX) old?

A/DM

EX R 3rd toe

P/ ref Bone Density

ref mammo

✓ labs

tg + m.s

body med's

CC

SEP 14 2006

T. 98.0 WT. 208 BP 164/88 R. 16
✓ (R) foot, middle toe. Getting darker.

-M

R 3rd toe swelling, color Δ

x 3 Δ φ pain

φ anti-coagulant PMH/40 DM neuropathy
chronic pain
HTN
Anemic

ex: R 3rd toe prox 1/2 toe

mild swelling, φ ITP

⊕ purple color change
tip of toe nl.



cap refill < 3 sec

Dorsal pedal
pulses 2+ ⊕

A/ R 3rd toe abnl.

? thromboemboli

A/ Ref Podiatrist

✓ Fibrinogen
PT/APTT
ESR
D-dimer

cc

Hussain, Diane

JUL 24 2006 WT 211 T 97.5 BP 159/98 P 67

Re pack wound - M

Hussain, Diane
07/24/06

- S: Last week had a left labial abscess that was drained. Started on Bactrim. It's gotten better, but she had to take more of her pain medications. She's here for a wound check. No fevers.
- O: The left labia has a firm area, with a small draining incision that is about .5cm. No drainage expressed today. No local erythema. No signs of cellulitis.
- A: RECENT LEFT LABIAL ABSCESS, IMPROVED OVER THE LAST FEW DAYS. Still on antibiotics.
- P: I did refill her pain medication earlier due to the abscess pain. Continue warm compresses. Expect the induration to resolve gradually with time. If it doesn't, come back.

Chia Chen, M.D./ts

AUG 29 2006

WT 211 T 98.3 BP 146/98 P 101 (L) hip pain - M

Hussain, Diane
08/29/06

- S: Here to complain about left hip pain for about a week. Pain is severe all over the left hip, down to the right posterior and lateral part of her leg and thigh. She has had no traumas. No new or unusual activities. She's still taking her usual pain medications. She says activities don't make the pain worse.
- O: Hip has full range of motion. No tenderness to palpation at the greater trochanteric bursa. Palpation of the back does reproduce a little bit of pain. She ambulates quite normally.
- A: ACUTE LEFT HIP PAIN, UNCLEAR ETIOLOGY
- P: I'm going to send her for an X-ray of the left hip. I'll call her in a couple of days with the results. If they're negative, she may have an exacerbation of sciatica. We'll send her to physical therapy.

Chia Chen, M.D./ts

JUL 03 2006

WT. 220 T. 97.2 BP. 152/86 P. 68 R. 14 / FU - M.

HgbA1C 15.5 → 11.9 better.

BUN/Cr = 29/1.8 stable

Chol = 265/243/51/176

Back on phentermine
@ 2 pm → don't time eating
but able sleep.

prazac 20mg qd.

Med Review

pravachol 20mg

~~Benazapril 40mg BID → ? dose~~

Elavil 100mg qd (50mg)

Metoprolol 100mg BID

? NORVASC 10mg qd.

PLAVIX 75mg qd.

Restonil 30mg qHS.

Clonidine .3mg patch.

Mivapax 1.5mg qHS.

Amaryl - 2mg qd.

Oxycontin 40mg # 980

(antus/regular in 5)

Diltiazem 120mg qd

prazac 20mg qd

phentermine 15mg qd

A/DM
T chol

Eating D/O

P- Bkng mds
in next time to
review

T. Exercise

ref mammo yrlly
ref Cobb 95yr colonoscopy
140 poly 5



MAY 08 2006

WT. 212 T. 98.2 BP. 162/92 P. 88 R. 16 /

(D) Hussain, Diane
05/08/06

- S: Complaining of frequent yeast infections. Has normal blood sugars when She's watching her diet very closely. She says there have been a yeast infection in her mouth and vaginally. She did use Monistat. She wants to stay on a pill for it because she gets it so often. She did not realize that her high blood sugar has a connection to history of frequent yeast infections. She's not sexually active at this point.
- O: Oral exam: everything is completely clear. I do not see any signs of thrush. She declines a vaginal exam. She states that there has been itching and white discharge vaginally.
- A: 1. VAGINITIS
2. HISTORY OF HIGH BLOOD SUGAR
- P: Recommend continued control of blood sugars. Use Monistat vaginal cream as needed. I refrained from putting her on oral antifungals because of a history of liver issues. She's already on so many medications. I'll follow up with her as previously scheduled, sooner if needed.

JUN 01 2006 Chia Chen, M.D./ts

WT. 209 T. 97.4 BP. 152/86 P. 76 R. 16 / FU -M.

↓ 3# watching diet more
NOT bingeing
Sleep eating ↓
but RLS ↑

on PROzac NOT FASH (worried about jittery)
helped w/ compulsion

BG 200's 25 in regular 2 each meal (x3)
60 in (lunches) 1st.

Vaginitis - better

GM - 1054/10 ↓ 2 weeks ago, labs not done
because she travel to W.M.

A/DM Ins Dsp.
OCD - eating
D/D

A/Cont wt loss program
+ exercise.
→ ref swim exercise
✓ lab

[Signature]

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CLAIMS

SLIC 0120

Hussain, Bin

MAY 01 2006

WT 209 T. 97.4 BP. 140/86 P. 72 R. 14 / FO - 14.

Sant's 60 mg qts

Regular 25 mg pre-needs.

Been on eating Binge.

Since restarted with
needs to make good food choices
has been eating junk food.

At time eating occurring 3x/week
generally sweets or leftover

In dealing = "compulsion"

- Gambling
- Shopping
- Smoking
- Eating sweets

A) Compulsions OLD
H/O DM

Will start
Swimming
@ Easter Seal
pool.

P/ prozac 20 mg qd
phentermine 15 mg qd > Re given

Choose complex CAD's, low fat diet

Chen

✓ tabs & mos

MAR 22 2006

W

I

BP

P

2050 Buhrle Street, Suite A
Eureka, CA 95501 • (707) 443-4593

205 96.3 102/92 72 16

F/u vish

1/3 BAK 9.4 → 11.5 → 15.5

off insulin for 2 mos

Currently on lantus 70u qhs

since Feb 22 '06

Also went back to Regular 25u 5Ac.

BG's - 250-350 now.

Pepcid 20mg ocr

Amaryl 2mg qd

Diltiazem 120mg qd

pravachol 20mg qd

Elavil 50mg tid qhs

metoprolol 100mg 4x/d

Plavix 75mg qd

Temazepam 30mg qhs prn.

Catepress-3

Miltapex .5mg qhs

A/ on poor control
poor complianceP/ curb not time eating! comb lock on door

- 1800 kcal/d =

✓ 1 mos.

Chen

Hussain, Diane G.

FEB 22 2006 WT 198

T 96.9

BP 150/90

p. 92 R18 bad
yeast
infection

1/24/06 lab ↑ BUN/cr

insulin lantus 60µe qtz
25µ prior to meals.glucophage
amaryl

last few days: AM BG 250.

ms clear
c v m m
w/c r @
Ext edema
wt ↓ 15#A/ Renal insuff.
DM.
Recent hematuria
anemz chronz
restless leg - improved
chirpexP/ D/C glucophage,
↑ Insulin - 70µ tds.
Get DM lab. Renal panel.
Stop Benazapril
Diltiazem CD
120 qd

Chen

Hussain, Diane
NOV 09 2005 W.T. 212 T. 98.1 BP 150/78 E. 68 R. 16 / FU
Cymbalta ↑ caused diarrhea?

Cymbalta not helpful anyway.

ALT 23

Chol 236

Trig 386

HDL 47

LPL 124

HgbA1C 11.4 ←

put gain.

Diane Hussain

UTI

443 2902

l'mgs →

(re. drug
interaction
w/ Levagum)

A) DM II insul Depen
Eating D/O

LEVITRA
(VARDENAFIL HCl)

OK Δ to
Bactrim
dis BID x 7 days

P/ ↑ glaucophage 500mg BID
Amaryl 4mg qd. (N)
Keep insulin same
✓ BG @ home
Cont pravastatin
3 mo f/f labs

Chen

Diazepam
should be #80 for
(4mg qd TID)

1-26-06 (called in Bactrim Dis BID x 7 days to
Limas per CC -m

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SI IC 0124

SEP 07 2005 WT 214 T. 97.2 BP. 176/96 P. 76 R. 18 / FU-M.

TSH 0.94

FrT₄ 0.74

Thyroid 45 (+) L lobe Mass

Gambler - end of month.

(cont. Cymbalta - couldn't
wean down.
found it helped her
i sleep.

A). Thyroid Mass (-)

P) my nuclear thyroid scan
Ep + mo3

Ch.
OCT 06 2005 WT. 213 T. 97.6 BP. 150/88 P. 76 R. 16 / FU-M

Thyroid scan (-)

med list reviewed

pt on Pravachol 20mg qd
+ (see list)

Insulin ~~not~~ Regular 25 BID
lanthus 60 qHS

MS same

EVN on

ing CRK

A) DM
Tchol
eating O/O -

P) Fluvox today
✓ LFT. HbA1c, Lipid Ep + mo

pt. given flu shot
as ml Im (L) deltoid.
per CC

HUSSAIN, Farah
AUG 04 2005 WT, 217 T. 98.4 BP. 162/86 K. 64 R. 16 / FV -H

en glucophage 500mg id / Santus 30m.
Amaryl 2mg x1 less hunger. Regulate ins
20 pre meals

HbG. 220's Am fasting. Lows 200's → 400's

Stress test 7/7/05 → 45% E.F.

Mild defect inf myocardium → pass
old infarct

States "Compulsive eater, eat @ night
when she sleep" "wakes up &
a pint of ice cream in her bed"

Last 10 day - did NOT buy any sugary foods.
had CRAP also

PMood / pain difference = Cymbalta

A/ Sleep P/O = Night time eating.
DM II ins Dep.

P/ ref Dr Garban...
Bring meds in for eval
Wean down Cymbalta
C466 given

Ch.

Hussain, Diane

Redwood Family Practice

2350 Buhne Street, Suite A

Eureka, CA 95501 • (707)443-4593

② JUL 01 2005 WT. 212 T. 98.1 BP 180/98 P. 76 R. 18 / FU, labs - m

Hussain, Diane
07/01/05

- S: Here to follow up. She did see Dr. Ann Meyers, who found a thyroid nodule, which Diane says has been there for two years. She also suggested adding Glucophage again. She gave her some type of cholesterol-lowering medication. Diane has problems with her liver, so she cannot take statins. She hasn't taken her blood pressure pill today, and her blood pressure is high. Her hemoglobin A1C is now 9.4, steadily increasing over the last couple of years. CMP is okay. Her BUN/creatinine is 21/1.5. Cholesterol is high at 259. Total triglycerides 379. HDL 48. LDL 135. She says she's not really checking her blood pressures or blood sugars. She's only using 10 units of Lantus in the morning. She's not watching her diet very closely. When she is in the hospital on a hospital diet, she tends to have very good blood sugars with insulin coverage. She's on a bunch of new medications since last hospitalization; she's confused about when to get refills, and she tends to run out.
- O: She does appear somewhat depressed. Her affect is flat. Eye contact is good. Speech and motor functions at baseline.
- A:
1. DIABETES
 2. SOME DEPRESSION
 3. HIGH BLOOD PRESSURE
 4. DIFFICULTY ADHERING TO A COMPLICATED REGIMEN FOR TREATMENT OF DIABETES AND HIGH BLOOD PRESSURE
 5. THYROID NODULE, LEFT THYROID
- P: I'm going to send her for a thyroid ultrasound, TSH, and T4. Asked her to check her blood sugars tid and blood pressures qd. Bring back the diary for both. Bring all her medications in next time for review. We're going to try Glucophage 500mg 1 po qd again. I'll see her in two weeks.


Chia Chen, M.D./ts

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CLAIMS

SI IC 0127

JUN 01 2005 WT 211 T 96.7 BP 160/94 80 R 16/FU
quicker swollen R,

Recently hosp HIN cephalopathy
= R sided paresthesias

@ home BP 160/80's AM / PM
occ SBP > 200's

Same Meds Benazapril 40 mg B.D
Metoprolol 100 mg Q.D

New meds Plavix (P)
Mirapex
Symbalta (P)

Pain oxycodone 40mg Q.D

BG - 200's

Exam. P new neuro s's
still mild ↓ sensation (R) U ext
R ext pain returning

A/P HIN encephalopathy: R paresthesia
now improving

Chronic neuropathy - awaiting Symbalta (P)

No sleep apnea - restless leg syndrome
→ Mirapex (P)

re add NORVASC 5mg qd
T/C add baclofen 10mg qid

Re BP 160/94

CL

CC: _____
 O. A. Du. _____
 I. H. V. _____
 I. Assoc. _____
 I. H. H. H. H. _____
 1 Gen. _____ Wt Loss _____ Appetite _____ Fever _____ Fatigue _____ Weakness _____
 2 GI _____ Nausea _____ Vomiting _____ Diarrhea _____ Heartburn _____ Bleeding _____ Constip _____
 3 Resp _____ SOB _____ DOE _____ Cough _____ PND _____ Smoking _____ Sputum _____
 4 Cardiovascular _____ Chest Pain _____ Edema _____ Palpitations _____ Leg Pain _____ syncope _____
 5 GU _____ Urgency _____ Dysuria _____ Nocturia _____ L. cont. _____ Poor Stream _____ Freq. _____
 6 MuscSk. _____ Muscle Pain _____ Stiffness _____ Swelling _____ Fx's _____ Red Joints _____
 7 Skin _____ Rash _____ Dryness _____ Moles _____ Growths _____ Itching _____ Infections _____
 Review and Discussed: Lab _____ X-Ray _____ Record Review _____
 Exam Vitals BP _____ P _____ R _____ Wt _____ Temp _____

B

4/20/05 ref msc lenth 16mg 980 #90 cc.

Not pick-up yet → -Lima

4/21/05 cancel previous Morphine order

Oxycodone 40mg

÷ PO BID → TID #90 cc

5/4/05 ↑ to Oxycodone 40mg

÷ BID #120 cc

5/24/05 (R) hemiparesis - lacuna infarct
 HCN → encephalopathy

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CLAIMS

SLIC 0129

NAME: Drane Hus. in DATE: 2/7/0 MRN: _____
 AGE: 56 IMMUNIZATIONS CURRENT: YES INC: NO DOCTOR: Chen
 ALLERGIES: PCN also to ASA, 1 neventh & effective TB RISK = Yes = No
 MEDICAL HISTORY: total Hystorectomy
see LABS 1/3/05
60 Lantus 5pm
20 ~~fort~~ Lantus in AM
has not been healthy because it was
consistently high when taking insulin Lantus
- Lab work
 SOCIAL HISTORY: SMOKING: _____ ALCOHOL: _____ DRUGS: _____
 LMP: _____ NUMBER OF: Pregnancies _____ Abortions _____ Miscarriages _____ Live Births _____
 WT: 211 HT: 5'6" BP: 158/90 P: 88 R: 18 T: 99.4
PBG = 335 Large off 10 am x 2
 Normal () If Abnormal, Describe Below:
 Skin: ✓
 Head: ✓
 EENT: ✓
 Thyroid & Neck: ✓
 Lungs: ✓
 Heart: ✓ R _____ L _____
 Breasts: ✓ Mammogram Done = _____ Mammogram Ordered ✓
 Abdomen: ✓
 Ext. Genitalia: ✓
 Vagina: ✓
 Discharge: ✓
 Cervix: ✓
 Uterus: ✓ Pap Done: = Yes ✓ No
 Adnexae: ✓
 Rectal: ✓ ① Guaiac ② masses
 Musculoskeletal: ✓
 Neuro: ✓
 Mental Status: ✓
 Diagnosis: DM consult Dr. Meyers
Tchol int'l starting trial Red yeast rice, flaxseed oil
 Plan (include RX changes): ref Dexa ① ref Dr. Meyers
2 mos comp, HbA1c ② stress test
 Pt. Ed. Discussed = Yes = No ☐ Dental ☐ Family Planning ☐ Obesity ☐ Substance Use
☐ Advanced Directives ☐ Diabetes ☐ Hypertension ☐ Prenatal Care ☐ Tobacco Cessation
☐ Asthma ☐ Diet/Nutrition ☐ Injury Prevention ☐ Self Breast Exam ☐ Tuberculosis
☐ Cholesterol ☐ Exercise ☐ Medications ☐ STD's ☐ Other:
 Next Appointment: _____ Signature: Ch

2/24/05 ↑ Duvagasic patch dose or
 Switch oral morphine to MSc 100mg Q8H 90 cc
 Total

FEB 07 2005

CP

99.4 24

PE WT B/E P R

2350 Buhrle Street, Suite A
EUREKA, CA 95501
(707) 443-4593

See PE form
LABS

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MAY 15 2007

CLAIMS

SLIC 0131

HUSSAIN,

JAN 13 2005 WT. 211 T. 98.8 BP. 182/102 P. 88 R. 16 /FU, UTI?
-M

Now lantus 40 qHS

Humulin 20-30u TID

BG 500s, one time got down to 370s

Diet - small portions vegetables, meats
Some fruit
OCC starch 2-3x/wk
1/2 cup usually.

NO BP meds yet this AM.
NO insulin this AM.

clo sat - @ sides
CP radiation
mod edema
Now resolved

VBG - HI reading
v urine. trace Bld, @LE

C & R R R Ling CTA @
L Ext @edema @

A' DM poor control
UTI-

P' ↑ lantus 60u qHS
humulin ~~20~~ 30u TID or lower dep
FBG.
Keep FBG record.
Check CMP + lipid
refer stress test
next month - physical re-eval - mammogram
Macroalbumin 200mg BID x 7 d
Cx-Ur.

Chen.

1/19/05 re: Diabetes 200mg BID / C

MEDICATION LIST

Date

7/12/08

MEDICATION AND STRENGTH

SIG.

DATE
STARTEDDATE
REVIEWEDDATE
STOPPED

✓ prevacid 20mg qd d/c (rest)				
✓ temazepam 30mg qHS d/c, Restarted				
atropine 300mg BID d/c				
metformin 500mg TID T9N T9P d/c Restart				
✓ Glibenclamide 5mg TID d/c				
✓ Benazapril 40mg TID → totret 100mg BID → Benazapril 40mg				
✓ Amitriptyline 50mg TID qHS d/c, REST → Restarted 100mg qd				
✓ Furosemide 20mg 1-2 qd AM d/c				
• phenazopyridine 200mg TID				
? Accupril 20mg TID qd → cough → d/c qd by pseudophyllin 22				
✓ Duragesic 100mg/10 patch Oxycontin 40mg BID				
✓ Tyl 3 qHS (sleep + pain) d/c				
✓ Metoprolol 100mg BID (100mg)				
✓ Reglan 10mg qd Reglan Rest				
✓ Clonidine .3 mg patch				
✓ Lantus 20u Lantus 10u qd				
✓ 2430 humulin 10 TID Regular insulin				
✓ Ambien 10mg → d/c 12 sleep w/ky				
✓ H/ran 50mg pain				
✓ Norvasc 50mg qd → totret 100mg BID → 10 qd.				
✓ Famotidine 20mg qd p.m.				
✓ Plavix 75mg qd				
✓ Reston 30mg qHS				
✓ Cymbalta 60mg qd d/c				
✓ Clonidine .3 patch				
✓ Sam 2mg 2mg qd				
✓ Mirapex 1mg qHS				
✓ Oxycontin 40mg #980 #160				
✓ Lantus 70u Regular 25u qd				
✓ Dilizem 120mg qd				

Ami triptyline
50mg #
TID qHS → to 200mg qHS

REDWOOD FAMILY PRACTICE

SLIC 0133

REDWOOD FAMILY PRACTICE

Patient Name Diane Russian

Allergies PCN

Date of Birth 10/17/47

MEDICATION REFILLS

Medication	Dosage/Amount	Pharmacy	Date	Date	Date	Date	Date	Date	Date
Pravachol 20mg	÷ QD #30		11/15/06						
Oxycontin 40mg	1-2 q 8 ^h #180	lowas	1-5-07	2-4-07	2-2-07	3-2-07	3-2-07		
			cc-m	cc-m	cc-m	cc-m	cc-m		
Actonel 35mg			2/13/07						
			cc-itt						
Amitriptyline	50mg #90 tit po qhs ↑ to 200mg qhs		4/4/07						
			cc-itt						

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CLAIMS

Patient Name

DIANE JISSAIAH

Date of Birth

10-17-47

Allergies

MEDICATION REFILLS

Medication	Dosage/Amount	Pharmacy	Date	Date	Date	Date	Date	Date
Amanyl 2mg #30	TID	Lima's	4-5-05	7-12-05	8-19-05	9-16-05	10-05-05	3-8-06
			7-12-05	8-19-05	9-16-05	10-05-05	3-8-06	
MS Contin 100 mg #90	TID	Lima's	4-5-05	7-12-05	8-19-05	9-16-05	10-05-05	3-8-06
			7-12-05	8-19-05	9-16-05	10-05-05	3-8-06	
Pepcid	20mg #100	Lima's	4-5-05	7-12-05	8-19-05	9-16-05	10-05-05	3-8-06
	1 pill qd for stomach		7-12-05	8-19-05	9-16-05	10-05-05	3-8-06	
ECONAZOLE (CASIA) 1%	APPLY TO FOOT BID	Lima's	4-5-05	7-12-05	8-19-05	9-16-05	10-05-05	3-8-06
			7-12-05	8-19-05	9-16-05	10-05-05	3-8-06	
Oxycontin 40mg #100	TID	Red Cross	5-27-05	7-12-05	8-19-05	9-16-05	10-05-05	3-8-06
			7-12-05	8-19-05	9-16-05	10-05-05	3-8-06	
MIRAPROX 0.5mg #30	TID	Lima's	4-5-05	7-12-05	8-19-05	9-16-05	10-05-05	3-8-06
			7-12-05	8-19-05	9-16-05	10-05-05	3-8-06	
Temazepam 30mg #30	TID	Lima's	4-5-05	7-12-05	8-19-05	9-16-05	10-05-05	3-8-06
			7-12-05	8-19-05	9-16-05	10-05-05	3-8-06	
Reglan 5mg #100	TID	Lima's	4-5-05	7-12-05	8-19-05	9-16-05	10-05-05	3-8-06
			7-12-05	8-19-05	9-16-05	10-05-05	3-8-06	
Plavix 75mg #90	TID	Lima's	4-5-05	7-12-05	8-19-05	9-16-05	10-05-05	3-8-06
			7-12-05	8-19-05	9-16-05	10-05-05	3-8-06	
Metformin 500mg #90	TID	Lima's	4-5-05	7-12-05	8-19-05	9-16-05	10-05-05	3-8-06
			7-12-05	8-19-05	9-16-05	10-05-05	3-8-06	
Cardizem 90mg #90	TID	Lima's	4-5-05	7-12-05	8-19-05	9-16-05	10-05-05	3-8-06
			7-12-05	8-19-05	9-16-05	10-05-05	3-8-06	
Cymbalta 30mg #90	TID	Lima's	4-5-05	7-12-05	8-19-05	9-16-05	10-05-05	3-8-06
			7-12-05	8-19-05	9-16-05	10-05-05	3-8-06	
One touch UltraKit AD			4-5-05	7-12-05	8-19-05	9-16-05	10-05-05	3-8-06
			7-12-05	8-19-05	9-16-05	10-05-05	3-8-06	
One touch Lancet 100 directed		Lima's	4-5-05	7-12-05	8-19-05	9-16-05	10-05-05	3-8-06
			7-12-05	8-19-05	9-16-05	10-05-05	3-8-06	
Norvasc 10mg #90	TID	Lima's	4-5-05	7-12-05	8-19-05	9-16-05	10-05-05	3-8-06
			7-12-05	8-19-05	9-16-05	10-05-05	3-8-06	

REDWOOD FAMILY PR. PC

Patient Name

Date of Birth

Allergies

PENICILLIN

MEDICATION REFILLS

HUSSAIN, DIANE

12-17-97

Medication	Dosage/Amount	Pharmacy	Date	Date	Date	Date	Date	Date	Date
T3 T q8 PRN	#45 30	Linas	7/26/04	8/10/04	9/11/04	10/12/04	11/13/04	12/14/04	1/15/05
Metoprolol (Lopressor)	100mg T QD	Linas	7/26/04	8/10/04	9/11/04	10/12/04	11/13/04	12/14/04	1/15/05
Prochlorperazine	20mg T QD	Linas	7/26/04	8/10/04	9/11/04	10/12/04	11/13/04	12/14/04	1/15/05
Temazepam	30mg T q HS	Linas	7/26/04	8/10/04	9/11/04	10/12/04	11/13/04	12/14/04	1/15/05
Amitriptyline	50mg T q HS	Linas	7/26/04	8/10/04	9/11/04	10/12/04	11/13/04	12/14/04	1/15/05
Metformin	500mg T q HS	Linas	7/26/04	8/10/04	9/11/04	10/12/04	11/13/04	12/14/04	1/15/05
Cotazolidine	150mg T q HS	Linas	7/26/04	8/10/04	9/11/04	10/12/04	11/13/04	12/14/04	1/15/05
Glyburide	5mg T q HS	Linas	7/26/04	8/10/04	9/11/04	10/12/04	11/13/04	12/14/04	1/15/05
Duragesic	100mcg Patch T q 3 days	Linas	7/26/04	8/10/04	9/11/04	10/12/04	11/13/04	12/14/04	1/15/05
MS Contin	100mg T q 4h	Linas	7/26/04	8/10/04	9/11/04	10/12/04	11/13/04	12/14/04	1/15/05
TEST STRIPS	10mg	Linas	7/26/04	8/10/04	9/11/04	10/12/04	11/13/04	12/14/04	1/15/05
Lantus	100 U/ml	Linas	7/26/04	8/10/04	9/11/04	10/12/04	11/13/04	12/14/04	1/15/05
INS SYRINGE	1/2 cc	Linas	7/26/04	8/10/04	9/11/04	10/12/04	11/13/04	12/14/04	1/15/05
LOTENSIN	40 mg	Linas	7/26/04	8/10/04	9/11/04	10/12/04	11/13/04	12/14/04	1/15/05
Humulin	100 U/ml	Linas	7/26/04	8/10/04	9/11/04	10/12/04	11/13/04	12/14/04	1/15/05
Ambien	120mg	Linas	7/26/04	8/10/04	9/11/04	10/12/04	11/13/04	12/14/04	1/15/05

Vicodin 500/50mg 2 q 4h PRN LINAS

Form: med-100/4/95

MEDICATION & STRENGTH	SIG	DATE STARTED	DATE STOPPED
Awarded 40y		8/5/99	
Vagant 400y 200y	qhs		
Prozac 20y 20y			
Copid 600y	200y BID		
T	5 tabs throughout day		
3 Awarded 20y	qd	8/12/99	
Cotentin 20y	BID		
ASPI	10 "	"	8/5/99
Cotentin 100y	QID		
" "	TID	8/5/99	
Allopurinol 300y	BID		
Kanax 50y	ii qhs		
Elavil 75y	ii qhs		
Vagant 200y	BID	8/12/99	
Cotentin 20y	BID		
Rybutol 5y	ii BID		
KCl 20%	1 tab o each case		
Feedayle 1%	BID		

REDWOOD FAMILY PRACTICE

Diane Hussain

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WOOD PODIATRY GROUP

WILLIAM ANDREWS, D.P.M.
BERTRAM STEEL, D.P.M.
CHRISTINE DOBROWOLSKI, D.P.M.
PHILIP ALWAY, D.P.M.

1626 Myrtle Avenue, Suite A
Eureka, California 95501-1457
(707) 441-1112
Fax: 441-1711



DEPT OCT 11 2006

September 20, 2006

Chia Chen, M.D.
2350 Buhne Street, Suite A
Eureka, CA 95501

RE: Diane Hussain

Dear Chia:

Thank you for having Ms. Hussain appoint to our office for evaluation of discoloration on the top of her right foot. She says she doesn't remember any trauma. She does have severe diabetic neuropathy. There is a darkly discolored area over the right 3rd metatarsophalangeal joint. There is no pain to palpation or range of motion. X-rays are negative to any bone or joint pathology. I think she must have traumatized this area and not known what she had done due to her neuropathy.

I told her to continue to watch it, make sure there wasn't increased swelling or the coloration change. I also told her the discoloration should start to recede and the swelling should resolve within a few weeks. If not, I have asked her to reappoint.

Sincerely,

Bill Andrews, D.P.M.

BA:klr

CL



PHYSICAL THERAPY LOWER QUARTER INITIAL EVALUATION

PATIENT HUSSAIN, Diane		OCCUPATION n/a		PHYSICIAN Dr. Chen	
DOB 12/17/47	ONSET DATE August 2006	SOC DATE 9/15/06		# OF VISITS 1	
PRIMARY DIAGNOSIS Left sciatica			TREATMENT DIAGNOSIS Left low back, groin, and inner thigh pain		
PERTINENT MEDICAL HISTORY Diane reports a sudden onset of left buttocks pain that radiated around into the left groin and posterior thigh. The pain was severe and she limped. Now, she just has "twinges" of pain when she first goes to bed. She reports similar episodes of just the leg pain over the past 15 years. Patient's medical history includes diabetic neuropathy, restless leg (and arm) syndrome, and swelling with discoloration of the right middle toe (scheduled with DPM).					

CURRENT STATUS

PAIN: 0-4/10 in left buttocks, groin, and thigh.

FUNCTIONAL LIMITATIONS: Reported severe difficulty due to pain with walking but now much better.

STANDING OBSERVATIONS: Lumbar spine: Right scoliosis.
Pelvis: Level.

GAIT: No significant deviation.

STANDING SACROILIAC SCREEN: Standing flexion: Left positive for sacroiliac joint dysfunction.

SEATED SACROILIAC SCREEN: Seated flexion: Left positive.

SEATED SLUMP TESTING: Positive bilaterally for myofascial tightness with full knee extension, ankle dorsiflexion, trunk slumping, and neck flexion.

SUPINE PASSIVE STRAIGHT LEG RAISE: Asymptomatic bilaterally.

CORE STRENGTH: Poor.

SUPINE POSTURE: Iliac crests: Level.
ASIS: Level.
Leg length: Equal.

CC925

HUSSAIN, Diane
9/15/06

ASSESSMENT

Physical therapy findings today were not consistent with lumbar radiculopathy. Some tests and her history suggest a mostly resolved pelvic girdle dysfunction. Since her symptoms now are minimal, treatment was deferred for one month to see if she stabilizes. We will then progress to core stabilization exercises to decrease her risk of recurrence.

TREATMENT PLAN

- ☒ Home exercise program
- ☒ Modalities PRN
- ☒ Spinal stabilization training

- ☒ Manual therapy PRN
- ☒ Patient education
- ☒ Stretching

FREQUENCY & DURATION

Two times per week for 4 weeks.

REHAB POTENTIAL

Good for goals set.

GOALS

- 1) Patient will be independent with a home management regimen to prevent or minimize pain while performing her usual activities.
- 2) Patient will demonstrate increased strength and endurance of lumbopelvic stabilizers.

Thank you for referring this patient to Vector Physical Therapy.

Claire D. Eyton, P.T.
Claire D. Eyton, P.T., Certified Lymphedema Therapist

9/15/06
Date

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HUMBOLDT NEUROLOGICAL MEDICAL GROUP, INC.
Board Certification in Clinical Neurology • Neurophysiological Testing • Sleep Medicine
2828 O'Neil Lane, Eureka, California 95503
Telephone (707) 443-9383 Fax (707) 443-0256

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Kurt M. Osborn, M.D.
Thomas F. Krenek, M.D.

Donald J. Iverson, M.D.
Melissa A. McKenzie, D.O.
Allan J. Hruby, P.A.

21 October, 2005

Chia Chen, M.D.
2350 Buhne Street
Eureka, CA 95503

RE: HUSSAIN, DIANE

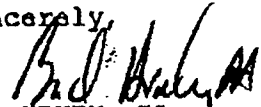
Dear Chia,

Diane comes in today, at the request of Dr. Gambin, for adjustment of her medications. She has sleep apnea, as well as fairly severe restless leg syndrome, which has responded nicely to Mirapex, currently at 0.5 mg at h.s. She still has difficulty feeling her feet. She tells me that yesterday she was wearing her slippers, and found a toy car in her slipper and was totally unaware that this was present, resulting in some bruising of her feet.

With regard to her sleep eating disorder, Dr. Gambin had suggested using something like a bicycle chain to remind her not to get up at night and eat. She states that she smokes in bed and that she is afraid she might burn up. She refused to quit smoking.

PLAN: She will continue with Cymbalta and Mirapex. I suggested that she get a lock for her refrigerator door and she told me that her grandson was going to be moving in with her temporarily in the next three to four weeks. She will follow up again here at the office.

Sincerely,


BUD HRUBY, PA
JOHN P. GAMBIN, M.D.

BH/amj

011529

HUMBOLDT NEUROLOGICAL MEDICAL GROUP, INC.
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Altan J. Hruby, P.A.

20 September, 2005

Chia Chen, M.D.
2350 Buhne Street
Eureka, CA 95503

RE: HUSSAIN, DIANE G.

Dear Chia,

I saw Diane Hussain in consultation today, at your request. Thank you very much for referring her for evaluation of her altered sleep behavior.

She is a 57-year old, right-handed, African-American woman, who has documented obstructive sleep apnea, treated with CPAP at 11 cm. She has been using that successfully for ten years, and if she forgets to use it she wakes up with palpitations, shortness of breath and chest pain. She also uses temazepam to help her get to sleep.

The problem that she presents with is that of sleep eating. She states: "I get up in the middle of the night and cook food, bizarre food combinations". She says that she has put "an alarm on the door", but she seems to be able to turn it off in her sleep and still make her way into the kitchen to eat.

She worries about having "sometimes psychotic overtones" with her eating behavior. For example, she states that she got up the other night and, as it turns out, sliced up a watermelon into small pieces, and thought that she was taking it into one of her spare rooms where she presumed there were migrant workers, even though this was not a reality.

She certainly woke up in the morning with the watermelon scattered over her bed.

ccg/rz

Page 2
9-20-05

TO: CHIA CHEN, M.D.
RE: DIANE RUSSAIN

She also described another situation where she woke up covered in brown, gooey, stuff that turned out to be connected to an empty half gallon carton of chocolate ice cream. She really does not want to do this, and has managed to somehow lose weight anyway, which is paramount, given her large number of other medical problems, which will be described below.

She does tell me that she has been sleep-walking for twenty-five years. She usually knew this to be the case when she would be awakened by people in the grocery stores. It seemed that her sleep-walking usually led her to a grocery store, so there is an eating theme to all of her sleep behaviors, most, if not all of which, she has no recollection of.

Past Medical History:

The patient has diabetes, diagnosed for eight years, with at least ten years of peripheral neuropathic symptoms preceding the onset of the diagnosis. She is treated with insulin, Glucophage and Amaryl. For her neuropathy, she is using Amitriptyline 50 mg nightly and Cymbalta 30 mg nightly. She has restless leg syndrome, treated seemingly successfully with Mirapex 0.5 mg nightly. Her hyperlipidemia is treated with Pravachol. Her hypertension is treated with Lotensin, Lopressor and Norvasc. She is additionally taking a Catapres TTS3 patch once a week. Her GI hypomotility is treated with Reglan. She had a small stroke, leaving her with numbness of her right body, treated now with Plavix. She has GERD, treated with Famotidine 20 mg daily.

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Page 3
9-20-05

TO: CHIA CHEN, M.D.
RE: DYANE HUSSAIN

Review of Systems: She has cold feet, dizziness, fatigability, intermittent tremor and nocturia greater than 2.

Habits: She smokes a half a pack of cigarettes daily. She does not drink alcohol or caffeine. She gets a limited amount of exercise episodically.

Allergies: None known.

Family History: Her mother had hypertension, coronary artery disease, and some form of mental illness. Her father had hypertension and coronary artery disease. A grandmother had diabetes.

Social History: She is single, unemployed, and has a daughter and a grandchild living with her, having had to come to this area from the Gulf coast hurricane disaster.

General Examination: This is a heavy-set, pleasant, well-groomed, well-dressed, relatively quiet woman, in no acute distress.

NEUROLOGICAL EXAMINATION:

Cranial Nerves: These look normal.

Neck: She has a generous neck. She has a somewhat pendulous uvula and no significant overbite.

Motor Examination: This is normal to strength throughout, even in toe dorsiflexion. Her fine finesse movements are slower in the left hand and foot than on the right, with some synkinetic spread to the right.

Page 4
9-20-05

TO: CHIA CHEN, M.D.
RE: DIANE HUSSAIN

Reflexes: 1-2+ throughout, trace at the ankles.
Plantar responses are down-going.

Sensory Examination: There is total absence of vibratory sensation in her toes. She picks it up briefly at mid foot, but it drops out early, in a symmetrical fashion. She has about a 70 percent fading reduction of pin, temperature and touch, symmetrically in both lower extremities. She did not describe any significant sensory asymmetry over her extremities or her face.

Gait: Tandem gait is slightly unsteady. Romberg sways, but she does not frankly fall.

IMPRESSION:

1. SLEEP EATING DISORDER.
2. SLEEP APNEA.
3. RESTLESS LEG SYNDROME.
4. DIABETES, WITH PERIPHERAL NEUROPATHY.
4. DOCUMENTED CEREBROVASCULAR DISEASE, WITH TODAY'S EXAMINATION SHOWING MOTOR DEFICITS, SUBTLE ON THE LEFT SIDE, AS OPPOSED TO HER HISTORY OF SENSORY LOSS ON THE RIGHT SIDE. I DON'T HAVE THE RESULTS OF HER SCANS, BUT THAT SUGGESTS THE POSSIBILITY OF A BRAIN STEM FOCUS FOR THAT EVENT.

COMMENT: I am increasing the Cymbalta to 60 mg nightly for her neuropathy.

Page 5
9-20-05

TO: CHIA CHEN, M.D.
RE: DIANE RUSSAIN

For her sleep eating, I chose a simple behavioral modification, which was to literally attach a bungee cord to her bed post, wrap it around herself, and lock it up with a bicycle type combination lock, which would require, in most cases, that she wake up entirely or get close to wakefulness in order to get it undone, and hopefully in that setting be able to stop her urge to get to the kitchen.

More aggressive barrier techniques could be employed if this is not successful, and those could include putting a complex lock on her ice box.

She may need higher doses of Cymbalta for her neuropathic pain control, and if that is insufficient, we could add Lyrica, the new Pregabalin medication for symptomatic control of her neuropathy.

Sincerely,


JOHN E. GAMBIN, M.D.

JPG/amj

REASON FOR ADMISSION: The patient is a 57-year-old female routinely cared for by Dr. Chen who presented with a neurologic complaint. She reported that last week she was having some episodes of weakness, particularly in her right hand and was intermittently dropping things. Subsequent to this she started developing a bit of numbness on the right side of her face and also in her right thumb. She noted that the next day the numbness seemed to progress until it involved the entire right side of her face, right arm, right torso, and right leg. She overall complained of complete body weakness. No headache or visual disturbances. No nausea, vomiting, chest pain, or shortness of breath. She reported that she does have severe neuropathic pain in her extremities in a glove-and-stocking distribution, but interestingly reported that as soon as she developed these symptoms of numbness that the pain on that particular side completely went away. She has had difficulty to control diabetes and in fact has recently been referred to an endocrinologist. She has been on numerous oral medications and most recently insulin. She has also had somewhat labile hypertension.

PAST MEDICAL HISTORY: Significant for renal calculi, diabetes mellitus, obstructive sleep apnea, hypertension, gout, insomnia, hyperlipidemia, peripheral neuropathy thought to be secondary to diabetes mellitus, and chronic anemia secondary to thalassemia.

FAMILY HISTORY: Noncontributory.

PAST SURGICAL HISTORY: Total abdominal hysterectomy for benign reasons, a cholecystectomy, tonsillectomy, and surgical removal of renal calculi.

SOCIAL HISTORY: A remote tobacco history, no current use. No alcohol or illicit drug use.

ALLERGIES: PENICILLIN WHICH CAUSES ANAPHYLAXIS.

MEDICATIONS: Lotensin 40 mg p.o. b.i.d., Lopressor 100 mg q.i.d., Amaryl 2 mg p.o. q.d., Elavil 100 mg p.o. q.h.s., Pepcid 20 mg 1 p.o. q.d., OxyContin 60 mg t.i.d., Lantus 60 units at h.s., Humulin R sliding scale, CPAP at h.s., and Restoril 15-30 mg p.o. q.h.s. p.r.n.

REVIEW OF SYSTEMS: GENERAL: The patient has had no weight loss. No fever or chills. No night sweats. She has had diffuse weakness. **HEENT:** No tinnitus, vertigo, diplopia, or rhinorrhea. No headache. **CARDIOVASCULAR:** Positive for fatigue. No PND or orthopnea. No chest pain. She does have some chronic dyspnea on exertion. **PULMONARY:** Negative for a cough, hemoptysis, or pleuritic pain. **GI:** No nausea, vomiting, or diarrhea. No jaundice. **GU:** No hesitancy, urgency, frequency, or dysuria. **PSYCHIATRIC:** Some anxiety and depression. **MUSCULOSKELETAL:** Some arthralgias. **NEUROLOGIC:** Please see the HPI.

PHYSICAL EXAMINATION

VITAL SIGNS: The patient is seen the morning after the admission to the Emergency Department. Her temperature is 36.5; pulse is 70 and regular; blood pressure is 164/85, which is down from greater than 200 systolic and greater than 100 diastolic. O2 saturation is 97% on room air.

GENERAL: This is a somewhat lethargic female. Her affect is somewhat flat. She does have normal response to questions, although her responses are somewhat slow. Her speech is fluid and she is not exhibiting any dysarthria or difficulty with word finding.

St. Joseph Hospital
2700 Dolbeer Street
Eureka, California 95501
707/445-8121

NAME: HUSSAIN, DIANE G
MR: SU02049887 ACCT#: SA5900002142
DATE OF ADMIT: 05/25/2005
DOB: 12/17/1947
PHYSICIAN: ALLISON BURTON, MD

HISTORY AND PHYSICAL EXAMINATION

Copy For: ALLISON BURTON, MD

Page 1

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HEENT: Her face is symmetric. Ears are clear. Pupils are reactive. Sclerae are anicteric. The oropharynx shows moist mucous membranes without any lesions.

NECK: Supple without adenopathy. Trachea is midline. The thyroid is nontender. No supraclavicular adenopathy.

HEART: Regular and distant. I do not appreciate a murmur, rub, or a gallop.

LUNGS: The lungs are generally clear but she does have a few rhonchi in the bases.

EXTREMITIES: Warm and well perfused, although she does have somewhat decreased pedal pulses these are palpable.

ABDOMEN: Soft, nontender, and nondistended. No abdominal bruits.

NEUROLOGIC: The patient's cranial nerves are intact. She is alert and oriented x3. She does have paresthesias noted on the right face, right arm, right leg, and right trunk. These do seem to resolve as you pass the midline. She does have paresthesias of the left hand and the left foot as well and she does have some allodynia. DTRs are somewhat depressed. On her strength exam possibly slight decreased strength in the right upper extremities but this is subtle. Overall her strength seems reasonable at flexion and extension and all of the extremities. On cerebellar function the patient has some slowing of her rapid alternating movements which is symmetric bilaterally. Her gait is not observed.

LABORATORY DATA: A CT per the radiologist is negative. A Doppler ultrasound is pending. Labs show mild anemia which is stable. EKG shows an old bundle branch block with no significant changes. CMP is within normal limits aside from elevation of glucose and some elevation of creatinine at 1.5.

IMPRESSION AND PLAN:

1. **PARESTHESIAS, RIGHT SIDE, AT HIGH RISK FOR CEREBROVASCULAR DISEASE.** Neurology consultation and consider magnetic resonance imaging. I will arrange for carotid Dopplers to evaluate for carotid stenosis. At the present time she is in her normal sinus rhythm and I have no reason to believe that this is an embolic source. It certainly could be small vessel disease. Her blood pressure will be managed, although we do not want to lower her blood pressure too quickly. We will go ahead and get a swallowing evaluation as she does say that she is having a bit of difficulty swallowing.
2. **DIABETES MELLITUS.** Continue insulin coverage.

St. Joseph Hospital
2700 Dolbeer Street
Eureka, California 95501
707/445-8121

NAME: HUSSAIN, DIANE G
MR: SU02049887 ACCT#: SA5900002142
DATE OF ADMIT: 05/25/2005
DOB: 12/17/1947
PHYSICIAN: ALLISON BURTON, MD

HISTORY AND PHYSICAL EXAMINATION

Copy For: ALLISON BURTON, MD

Page 2

3. HYPERTENSION. Plan to re-institute the patient's regular medications after this acute event. For the time being we will be using intravenous Vasotec and/or Lopressor. The patient will be monitored on Telemetry.

ALLISON BURTON, MD

AB/MEDQ Job#: 440910 DD: 05/26/2005 13:07:30
DT: 05/26/2005 15:15:38

No changes in complaint or physical findings since exam was done.
Appropriate exam was repeated.

Signature

Date

St. Joseph Hospital
2700 Dolbeer Street
Eureka, California 95501
707/445-8121

NAME: HUSSAIN, DIANE G
MR: SU02049887 ACCT#: SA5900002142
DATE OF ADMIT: 05/25/2005
DOB: 12/17/1947
PHYSICIAN: ALLISON BURTON, MD

HISTORY AND PHYSICAL EXAMINATION

Page 3

Copy For: ALLISON BURTON, MD

DATE OF ADMISSION: 05/25/2005 DATE OF DISCHARGE: 05/27/2005

DISCHARGE DIAGNOSES:

1. PARESTHESIAS ON THE RIGHT SIDE, SLIGHTLY IMPROVED WITH POSSIBLE HYPERTENSIVE ENCEPHALOPATHY CAUSING THE PARESTHESIAS.
2. EVIDENCE OF A LACUNAR INFARCT.
3. HYPERTENSION.
4. DIABETES.
5. MILD DYSPHAGIA, MILD ASPIRATION RISK.
6. HISTORY OF CHRONIC PAIN.
7. HISTORY OF SLEEP APNEA.
8. HISTORY OF RESTLESS LEG MOVEMENT DISORDER.

ADMISSION DIAGNOSES:

1. PARESTHESIAS ON THE RIGHT SIDE.
2. HYPERTENSION.
3. DIABETES.

HOSPITAL COURSE: Diane was admitted because of right-sided paresthesias and significant hypertension. Her initial admit blood pressure was 233/115. Here, with her medications, she has a systolic blood pressure in the 160s; without her medications in the 190s. She had not lost any strength and regained some of the sensation on the right side, but still was deficient. Her blood sugar has been doing good while she is in the hospital. They are running at about 100s to mid-200s. 98% on room air her pulse ox. Heart rate remains in the 60s. She did not have any acute chest pains or shortness of breath. Her discharge ECM showed that she has full range of motion and strength on both sides. Her speech is clear, normal. Mental status clear normal. She is able to ambulate without assistance. Her heart is regular rate and rhythm. Lungs were clear. Abdomen soft, nontender, nondistended. Lower extremity, no edema. She is able to tolerate p.o. without problems. She had normal urination, bowel movements.

Consultation during this admission include Dr. Gambin.

PROCEDURES: Bilateral carotid ultrasound, which were normal. A head CT, which was read as negative, but Dr. Gambin had seen internal capsule lacunar infarct on the left. She had a swallow evaluation, which showed that she has mild dysphagia and was put on a dysphagia 2 gram diet.

LABORATORY STUDIES: Normal CBC on the 24th, a normal CMP except for elevated blood sugar and mildly elevated BUN/creatinine on the 24th. On the 26th, BMP, which has not significantly changed except for the glucose is 128, which is down from the initial. She also had an EKG, which showed she had sinus rhythm and some marked left axis deviation, right bundle branch block and ventricular hypertrophy.

DISCHARGE PLAN: She will go home to her self and her granddaughter is coming today, grandson is coming tomorrow, who will be staying with her for a few days, so she will have some care taking available. She can manage her own medications.

DISCHARGE MEDICATIONS:

Same medications that she was taking prior to coming in, with the exception of 3 new medications, plus some changes in her blood pressure medications. The 3 new medications will include Plavix 75 mg one p.o. daily, Mirapex

St. Joseph Hospital
2700 Dolbeer Street
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707/445-8121

NAME: HUSSAIN, DIANE G
MR: SU02049887 ACCT#: SA5900002142
DATE OF ADMIT: 05/25/2005
DOB: 12/17/1947
PHYSICIAN: CHIA CHEN, MD

DISCHARGE SUMMARY

Copy For: CHIA CHEN, MD

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0.5 mg p.o. q.h.s., and Cymbalta 30 mg p.o. daily and this will be increased after 2 weeks to 60 mg p.o. daily. This is for the purpose of chronic pain control. Her blood pressure medication will be Lotensin 40 mg twice a day, Lopressor 100 mg four times a day, and she will continue on her Lantus and her Humulin R, as she was taking before and continue her Elavil, Pepcid, Amaryl, OxyContin as before. The OxyContin she has been taking at 60 three to four times a day for additional pain control. She will followup with myself next week in the clinic and I will go ahead and submit a triplicate prescription for her OxyContin as well. Patient understands and is in agreement of the above changes and plan.

CHIA CHEN, MD

CC/MEDQ Job#: 890967 DD: 05/27/2005 12:51:25 DT: 05/28/2005 19:19:57

St. Joseph Hospital
2700 Dolbeer Street
Eureka, California 95501
707/445-8121

NAME: HUSSAIN, DIANE G
MR: SU02049887 ACCT#: SA5900002142
DATE OF ADMIT: 05/25/2005
DOB: 12/17/1947
PHYSICIAN: CHIA CHEN, MD

DISCHARGE SUMMARY

Page 2

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RUN DATE: 02/13/07

RUN TIME: 0006

PATHOLOGISTS:

ST. JOSEPH HEALTH SYSTEM-HUMBOLDT COUNTY
Outpatient Laboratory Services 2200 Harrison Eureka CA

PAGE 77

Megan J. Smith-Zagone, MD
Lic. No. A89551

Stanley T. Hino, MD
Lic. No. G46039

Erik J. Burman, MD
Lic. No. G64607

LOCATION

ZREDFP.S

ZZ REDWOOD FAMILY PRACTICE

Patient: HUSSAIN, DIANE G

D.O.B.: 12/17/1947

Reg Dr: CHEN, CHIA MD

Acct. # SA0001278464

Age/Sex: 59/F

Status: REG CLI

Loc: ZREDFP.S

Room:

Bed:

U# 902049887

Reg: 02/12/2007

Dis:

Specimen: 0212:C00197R

Collected: 02/12/07-1450

Status: COMP

Req#: 01593998

Received: 02/12/07-1450

Subm Dr: CHEN, CHIA MD

Ordered: RENP, ALT/SGPT

Test	Result	Flag	Reference	Site
> SODIUM	131	L	136-144 MEQ/L	S
> POTASSIUM	4.2		3.6-5.1 MEQ/L	S
> CHLORIDE	99	L	101-111 MMOL/L	S
> CARBON DIOXIDE	22		22-32 MMOL/L	S
> ANION GAP	10.0	H	3-9	S
> BLOOD UREA NITROGEN	28	H	8-26 MG/DL	S
> CREATININE	1.9	H	0.6-1.1 MG/DL	S
> EST GLOMERULAR FILTRATION RATE	34.8	L	>60	S
Estimated Glomerular Filtration Rate - GFR (ml/min/1.73 square meters)				
> GLUCOSE	491	H	74-118 MG/DL	S
> CALCIUM	9.2		8.5-10.1 MG/DL	S
> PHOSPHOROUS	3.5		2.5-4.6 MG/DL	S
> ALT/SGPT	25		4-32 IU/L	S
> ALBUMIN	3.3	L	3.5-4.8 G/DL	S

Specimen: 0212:SC00061R

Collected: 02/12/07-1450

Status: COMP

Req#: 01593998

Received: 02/12/07-1450

Subm Dr: CHEN, CHIA MD

Ordered: HBA1C

Test	Result	Flag	Reference	Site
> HEMOGLOBIN A1C	15.4	H	<7 %	S
	Hemoglobin A1C Percent	Approximate Mean Plasma Glucose	Interpretation	
	< 7	< 135	Non-Diabetic range	
	7	170	ADA Target	

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CL

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RUN DATE: 02/13/07

RUN TIME: 0006

PATHOLOGISTS:

ST. JOSEPH HEALTH SYSTEM-HUMBOLDT COUNTY
Outpatient Laboratory Services 2100 Harrison Eureka CA

PAGE 78

Megan J. Smith-Zagone, MD
Lic. No. A89551

Stanley T. Hino, MD
Lic. No. G46039

Erik J. Burman, MD
Lic. No. G64607

LOCATION

ZREDFF.S

ZZ REDWOOD FAMILY PRACTICE

Patient: HUSSAIN, DIANE G

Acct# SA0001278464

(Continued)

Test	Result	Flag	Reference	Site
8	205			
9	240			
10	275		Action	
11	310		Suggested	
12	345			
Methodology compatible DCCT reference method				
Glycated abnormal hemoglobins, such as are seen in diabetic patients with Sickle Cell Trait, Sickle Cell Anemia, Thalassemias, and other hemoglobinopathies, are not detected with this test. Any condition associated with shortened RBC survival will also decrease the HBA1C level. If the patient has an unexpectedly low HBA1C, consideration should be given to one of the preceding conditions.				

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RUN DATE: 11/03/06

ST. JOSEPH HEALTH SYSTEM-HUMBOLDT COUNTY

PAGE 55

RUN TIME: 0006

Outpatient Laboratory Services 2200 Harrison Eureka CA

PATHOLOGISTS:

Megan J. Smith-Zagone, MD
Lic. No. A89551Stanley T. Hino, MD
Lic. No. G46039Erik J. Burman, MD
Lic. No. G64607LOCATION

ZREDFP.S

ZZ REDWOOD FAMILY PRACTICE

Patient: HUSSAIN, DIANE G	Acct #SA0001233597	Loc: ZREDFP.S	U#SU02049887
D.O.B.: 12/17/1947	Age/Sex: 58/F	Room:	Reg: 11/02/2006
Reg Dr: CHEN, CHIA MD	Status: REG CLI	Bed:	Dis:

Specimen: 1102:C00096R Collected: 11/02/06-0813 Status: COMP Req#: 015332C1
Received: 11/02/06-0813 Subm Dr: CHEN, CHIA MD

Ordered: ALT, SGPT, LPP

Test	Result	Flag	Reference	Site
ALT/SGPT	49	H	4-32 IU/L	S
LIPID PANEL				
CHOLESTEROL	232	H	<200 MG/DL	S
	Cholesterol (NCEP Guidelines)			
	< 200 mg/dl Low Risk			
	201 - 239 mg/dl Borderline Risk			
	or = 240 mg/dl High Risk			
TRIGLYCERIDE	192	H	<150 MG/DL	S
	Normal < 150			
	Borderline High 150 - 199			
	High 200 - 500			
	Very High > 500			
HDL CHOLESTEROL	43		MG/DL	S
	Low Risk = or > 60 mg/dl			
	High Risk < 40 mg/dl			
LDL CHOLESTEROL DIRECT	141		0-160** MG/DL	S
	**LDL Cholesterol Therapeutic Goals			
	100 or less if CHD present			
	<130 if no CHD but 2 or more risk factors present			
	<160 if no CHD			
RISK RATIO	4.8		<5	S
PATIENT FASTING?	YES			S

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RUN DATE:11/03/06

ST. JOSEPH HEALTH SYSTEM-HUMBOLDT COUNTY

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RUN TIME:0006

Outpatient Laboratory Services 2200 Harrison Eureka CA

PATHOLOGISTS:

Megan J. Smith-Zagone,MD
Lic. No A89551Stanley T. Hino,MD
Lic. No. G46039Erik J. Burman,MD
Lic. No. G64607LOCATION

ZREDFF.8

ZZ REDWOOD FAMILY PRACTICE

Patient: HOSSAIN,DIANE G

Acct#SA0001233597

(Continued)

Specimen: 1102:SC00022R

Collected: 11/02/06-0813

Status: COMP

Req#: 01533201

Received: 11/02/06-0813

Subm Dr: CHEN,CHIA MD

Ordered: HBA1C

Test	Result	Flag	Reference	Site
HEMOGLOBIN A1C	13.9	H	<7 %	S
	Hemoglobin A1C Percent	Approximate Mean Plasma Glucose	Interpretation	
	< 7	< 135	Non-Diabetic range	
	7	170	ADA Target	
	8	205		
	9	240	Action	
	10	275	Suggested	
	11	310		
	12	345		
Methodology compatible DCCT reference method				
Glycated abnormal hemoglobins, such as are seen in diabetic patients with Sickle Cell Trait, Sickle Cell Anemia, Thalassemias, and other hemoglobinopathies, are not detected with this test. Any condition associated with shortened RBC survival will also decrease the HBA1C level. If the patient has an unexpectedly low HBA1C, consideration should be given to one of the preceding conditions.				

St. Joseph Hospital

2200 Dolbeer St., Eureka, CA

RUN DATE: 09/19/06
 RUN TIME: 0006
 PATHOLOGISTS:

St. JOSEPH HEALTH SYSTEM-HUMBOLDT COUNTY
 Outpatient Laboratory Services 2200 Harrison Eureka CA

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Megan J. Smith-Zagone, MD
 Lic. No A89551

Stanley T. Hino, MD
 Lic. No. G46039

Erik J. Burman, MD
 Lic. No. G64637

LOCATION
 ZREDFP.S
 ZZ REDWOOD FAMILY PRACTICE

Patient: HUSSAIN, DEANE G	Acct: #SA0001214264	Loc: ZREDFP.S	U#S002049887	
D.O.B.: 12/17/1947	Age/Sex: 58/F	Room:	Reg: 09/18/2006	
Reg Dr: CHEN, CHIA MD	Status: REG CLI	Bed:	Dis:	
Specimen: 0918:H00151R	Collected: 09/18/06-1449	Status: COMP	Req#: 01506065	
	Received: 09/18/06-1449	Subm Dr: CHEN, CHIA MD		
Ordered: ESR				
Test	Result	Flag	Reference	Site
> ERYTHROCYTE SED RATE	14		0-20 MM/HR	S

Specimen: 0918:K00055R	Collected: 09/18/06-1449	Status: COMP	Req#: 01506065	
	Received: 09/18/06-1449	Subm Dr: CHEN, CHIA MD		
Ordered: FIB, DDQNT				
Test	Result	Flag	Reference	Site
> FIBRINOGEN	522	H	219-475 MG/DL	S
> D-DIMER QUANTITATIVE	257		<500 NG/ML	S
(F5) Note: Concentration expressed in ng/ml FEU (Fibrinogen Equivalent Units).				

S - St. Joseph Hospital
 2700 Dolbeer St., Eureka, CA

CC9-11

RUN DATE: 06/30/06

RUN TIME: 0132

PATHOLOGISTS:

Robert V. Zedelis, MD
Lic. No G17001ST. JOSEPH HEALTH SYSTEM-HUMBOLDT COUNTY
Outpatient Laboratory Services 2200 Harrison Eureka CA

PAGE 1

Stanley T. Hino, MD
Lic. No. G46039Erik J. Burman, MD
Lic. No. G64607Margaret A. Gordon, MD
Lic. No. G21047PHYSICIAN
CHEN, CHIA MD

PATIENT: HUSSAIN, DIANE G	ACCT #: SA0001180438	LOC: ZREDFF.8	U #: SU02049887
REG DR: CHEN, CHIA MD	AGE/SX: 58/F	ROOM:	REG: 06/29/06
	DOB: 12/17/1947	BED:	DIS:
	STATUS: REG CLI	TLOC:	

Specimen: 0629:C00155R	Collected: 06/29/06-1202	Status: COMP	Req#: 01459357
	Received: 06/29/06-1202	Subm Dr: CHEN, CHIA MD	

Ordered: RENP, ALT/SGPT, LPP

Test	Result	Flag	Reference	Site
> SODIUM	137		136-144 MEQ/L	S
> POTASSIUM	4.5		3.6-5.1 MEQ/L	S
> CHLORIDE	105		101-111 MMOL/L	S
> CARBON DIOXIDE	25		22-32 MMOL/L	S
> ANION GAP	7.0		7-16	S
> BLOOD UREA NITROGEN	29	H	8-26 MG/DL	S
> CREATININE	1.8	H	0.6-1.1 MG/DL	S
> EST GLOMERULAR FILTRATION RATE	37.2	L	>60	S
	Estimated Glomerular Filtration Rate - GFR (ml/min/1.73 square meters)			
> GLUCOSE	91		74-118 MG/DL	S
> CALCIUM	9.0		8.5-10.1 MG/DL	S
> PHOSPHOROUS	4.5		2.5-4.6 MG/DL	S
> ALT/SGPT	58	H	4-32 IU/L	S
> ALBUMIN	3.8		3.5-4.8 G/DL	S
LIPID PANEL				
> CHOLESTEROL	265	H	<200 MG/DL	S
	Cholesterol (NCEP Guidelines)			
	< 200 mg/dl Low Risk			
	201 - 239 mg/dl Borderline Risk			
	> or = 240 mg/dl High Risk			
> TRIGLYCERIDE	243	H	<150 MG/DL	S
	Normal < 150			
	Borderline High 150 - 199			
	High 200 - 500			
	Very High > 500			
> HDL CHOLESTEROL	51		MG/DL	S
	Low Risk = or > 60 mg/dl			
	High Risk < 40 mg/dl			
> LDL CHOLESTEROL DIRECT	176	H	0-160** MG/DL	S
	**LDL Cholesterol Therapeutic Goals 100 or less if CHD present			

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2700 Dolbeer St., Eureka, CA

C6630

RUN DATE: 06/30/06

RUN TIME: 0132

PATHOLOGISTS:

Robert V. Zedelis, MD
Lic. No. G17001Stanley T. Hino, MD
Lic. No. G46039Erik J. Burman, MD
Lic. No. G64607Margaret A. Gordon, MD
Lic. No. G21047ST. JOSEPH HEALTH SYSTEM-HUMBOLDT COUNTY
Outpatient Laboratory Services 2200 Harrison Eureka CA

PAGE 2

PHYSICIAN
CHEN, CHIA MD

Patient: HUSSAIN, DIANE G

#SA0001180438

(Continued)

Test	Result	Flag	Reference	Site
> RISK RATIO	<130 if no CHD but 2 or more risk factors present			
> PATIENT FASTING?	<160 if no CHD			
	5.2			
	YES		<5	8
				8

Specimen: 0629:SC00044R

Collected: 06/29/06-1202

Status: COMP

Req#: 01459357

Received: 06/29/06-1202

Subm Dr: CHEN, CHIA MD

Ordered: HBA1C

Test	Result	Flag	Reference	Site
• HEMOGLOBIN A1C	11.9	H	4.2-5.8 %	G

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- St. Joseph Hospital - General Hospital Campus

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RUN DATE:02/25/06

RUN TIME:0131

PATHOLOGISTS:

Robert V. Zedelis, MD
Lic. No G17001ST. JOSEPH HEALTH SYSTEM-HUMBOLDT COUNTY
Outpatient Laboratory Services 2200 Harrison Eureka CA

PAGE 1

Stanley T. Hino, MD
Lic. No. G46039Erik J. Burman, MD
Lic. No. G64607Margaret A. Gordon, MD
Lic No. G21047PHYSICIAN
CHEN, CHIA MD

PATIENT: HUSSAIN, DIANE G	ACCT #: SA0001123763	LOC: ZREDFP.S	U #: SU02049887
REG DR: CHEN, CHIA MD	AGE/SX: 58/F	ROOM:	REG: 02/24/06
	DOB: 12/17/1947	BED:	DIS:
	STATUS: REG CLI	TLOC:	

Specimen: 0224:C00249R Collected: 02/24/06-1259 Status: COMP Req#: 01382945
 Received: 02/24/06-1259 Subm Dr: CHEN, CHIA MD

Ordered: RENP, ALT/SGPT, LPP, MG
 Comments: GLUCOSE CALLED TO DR CHEN AT 1820/CO
 READBACK OBTAINED

Test	Result	Flag	Reference	Site
> SODIUM	125	L	136-144 MEQ/L	G
> POTASSIUM	4.6		3.6-5.1 MEQ/L	G
> CHLORIDE	97	L	101-111 MMOL/L	G
> CARBON DIOXIDE	24		22-32 MMOL/L	G
> ANION GAP	4.0	L	7-16	G
> BLOOD UREA NITROGEN	27	H	8-26 MG/DL	G
> CREATININE	1.9	H	0.6-1.1 MG/DL	G
> EST GLOMERULAR FILTRATION RATE	34.9	L	>60	G
	Estimated Glomerular Filtration Rate - GFR (ml/min/1.73 square meters)			
> GLUCOSE	619	*H	74-118 MG/DL	G
	GLUCOSE REPEATED			
> CALCIUM	9.2		8.5-10.1 MG/DL	G
> PHOSPHOROUS	3.7		2.5-4.6 MG/DL	G
> ALT/SGPT	24		4-32 IU/L	G
> ALBUMIN	3.9		3.5-4.8 G/DL	G
LIPID PANEL				
> CHOLESTEROL	195		<200 MG/DL	G
	Cholesterol (NCEP Guidelines)			
	< 200 mg/dl Low Risk			
	201 - 239 mg/dl Borderline Risk			
	> or = 240 mg/dl High Risk			
> TRIGLYCERIDE	358	H	<150 MG/DL	G
	Normal		< 150	
	Borderline High		150 - 199	
	High		200 - 500	
	Very High		> 500	
> HDL CHOLESTEROL	36		MG/DL	G
	Low Risk = or > 60 mg/dl			
	High Risk < 40 mg/dl			

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PAGE 2

RUN DATE:02/25/06

RUN TIME:0131

PATHOLOGISTS:

Robert V. Zedelis, MD
Lic. No. G17001Stanley T. Hino, MD
Lic. No. G46039Erik J. Burman, MD
Lic. No. G64607Margaret A. Gordon, MD
Lic. No. G21047ST. JOSEPH HEALTH SYSTEM-HUMBOLDT COUNTY
Outpatient Laboratory Services 2200 Harrison Eureka CAPHYSICIAN
CHEN, CHIA MD

Patient: HUSSAIN,DIANE G		#SA0001123763	(Continued)		
Test	Result	Flag	Reference	Site	
> LDL CHOLESTEROL DIRECT	100		0-160** MG/DL	G	
	**LDL Cholesterol Therapeutic Goals 100 or less if CHD present <130 if no CHD but 2 or more risk factors present <160 if no CHD				
> RISK RATIO	5.4		<5	G	
> MAGNESIUM	1.9		1.7-2.2 MG/DL	G	
> PATIENT FASTING?	YES			G	

Specimen: 0224:H00216R		Collected: 02/24/06-1259	Status: COMP	Req#: 01382945
		Received: 02/24/06-1259	Subm Dr: CHEN, CHIA MD	
Ordered: CBC				
Test	Result	Flag	Reference	Site
COMPLETE BLOOD COUNT				
HEMOGRAM				
> WHITE BLOOD COUNT	6.6		3.5-10.0 K/CMM	G
> RED BLOOD COUNT	4.73		3.80-5.20 M/CMM	G
> HEMOGLOBIN	10.2	L	12.0-15.5 G/DL	G
> HEMATOCRIT	32.0	L	35.0-46.0 %	G
> MCV	67.7	L	82-99 FL	G
> MCH	21.6	L	27.0-33.0 PG/CELL	G
> MCHC	31.9	L	32-35 %	G
> RBC DISTRIB WIDTH	17.8	H	11.0-15.0 %	G
> PLATELET COUNT	475	H	140-340 K/CMM	G
> NEUT%	68.6		42.0-74.0 %	G
> LYMPH%	21.5		16.0-45.0 %	G
> MONO%	5.4		4.0-12.0 %	G
> EOS%	3.8		0.0-7.0 %	G
> BASO%	0.7		0.0-2.0 %	G
> NEUT#	4.5		1.5-7.0 K/CMM	G
> LYMPH#	1.4		1.2-3.4 K/CMM	G
> MONO#	0.4		0.1-0.7 K/CMM	G
> EOS#	0.3		0.0-1.0 K/CMM	G
> BASO#	0		0-0.2 K/CMM	G

G - St. Joseph Hospital - General Hospital Campus
2200 Harrison Ave, Eureka, CA

RUN DATE:02/25/06

RUN TIME:0131

PATHOLOGISTS:

Robert V. Zedelis,MD
Lic. No G17001Stanley T. Hino, MD
Lic. No. G46039Erik J. Burman,MD
Lic. No. G64607Margaret A. Gordon,MD
Lic No. G21047ST. JOSEPH HEALTH SYSTEM-HUMBOLDT COUNTY
Outpatient Laboratory Services 2200 Harrison Eureka CA

PAGE 3

PHYSICIAN
CHEN, CHIA MD

Patient: HUSSAIN,DIANE G		#SA0001123763	(Continued)		
Specimen: 0224:SC00104R		Collected: 02/24/06-1259	Status: COMP	Req#: 01382945	
		Received: 02/24/06-1259	Subm Dr: CHEN,CHIA MD		
Ordered: HBA1C					
Test	Result	Flag	Reference	Site	
> HEMOGLOBIN A1C	15.5	H	4.2-5.8 %	G	

G - St. Joseph Hospital - General Hospital Campus
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RUN DATE:01/25/06

ST. JOSEPH HEALTH SYSTEM-HUMBOLDT COUNTY

PAGE 1

RUN TIME:0301

St. Joseph Hospital 2700 Dolbear St., Eureka, Ca 95501

PATHOLOGISTS:

Robert V. Zedelis, MD
Lic. No G17001Stanley T. Hino, MD
Lic. No. G46039Erik J. Burman, MD
Lic. No. G64607Margaret A. Gordon, MD
Lic No. G21047PHYSICIAN
CHEN, CHIA MD

PATIENT: HUSSAIN, DIANE G	ACCT #: SA0001109516	LOC: ED.S	U #: SU02049887
AGE/SX: 58/F	ROOM:	REG: 01/24/06	
REG DR: GERDES, ERIC DO	DOB: 12/17/1947	BED:	DIS:
	STATUS: DEP ER	TLOC:	

Specimen: 0124:C00249S Collected: 01/24/06-1835 Status: COMP Req#: 01363118
 Received: 01/24/06-1848 Subm Dr: GERDES, ERIC DO

Ordered: BMP

Comments: Comments? ER BED TR2

Test	Result	Flag	Reference	Site
> SODIUM	130	L	136-144 MEQ/L	S
> POTASSIUM	4.6		3.6-5.1 MEQ/L	S
> CHLORIDE	98	L	101-111 MMOL/L	S
> CARBON DIOXIDE	23		22-32 MMOL/L	S
> ANION GAP	9.0		7-16	S
> BLOOD UREA NITROGEN	34	H	8-26 MG/DL	S
> CREATININE	1.9	H	0.6-1.1 MG/DL	S
> EST GLOMERULAR FILTRATION RATE	34.9	L	>60	S
Estimated Glomerular Filtration Rate - GFR (ml/min/1.73 square meters)				
> GLUCOSE	574	*H	74-118 MG/DL	S
CALLED RESULTS TO JOHN BUSTAMONTE AT 1859				
> CALCIUM	8.8		8.5-10.1 MG/DL	S

Specimen: 0124:H00214S Collected: 01/24/06-1835 Status: COMP Req#: 01363118
 Received: 01/24/06-1848 Subm Dr: GERDES, ERIC DO

Ordered: CBC

Comments: Comments? ER BED TR2

Test	Result	Flag	Reference	Site
COMPLETE BLOOD COUNT				
HEMOGRAM				
> WHITE BLOOD COUNT	8.2		3.5-10.0 K/CMM	S
> RED BLOOD COUNT	4.46		3.80-5.20 M/CMM	S
> HEMOGLOBIN	10.0	L	12.0-15.5 G/DL	S
> HEMATOCRIT	29.9	L	35.0-46.0 %	S
> MCV	67.0	L	82-99 FL	S
> MCH	22.4	L	27.0-33.0 PG/CELL	S
> MCHC	33.4		32-35 %	S

S - St. Joseph Hospital
 2700 Dolbear St., Eureka, CA

6025
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RUN DATE:01/25/06

ST. JOSEPH HEALTH SYSTEM-HUMBOLDT COUNTY

PAGE 2

RUN TIME:0301

St. Joseph Hospital 2700 Dolbeer St., Eureka, Ca 95501

PATHOLOGISTS:

Robert V. Zedelis, MD
Lic. No G17001Stanley T. Hino, MD
Lic. No. G46039Erik J. Burman, MD
Lic. No. G64607Margaret A. Gordon, MD
Lic No. G21047PHYSICIAN
CHEN, CHIA MD

Patient: HUSSAIN, DIANE G #SA0001109516 (Continued)				
Test	Result	Flag	Reference	Site
> RBC DISTRIB WIDTH	17.6	H	11.0-15.0 t	S
> PLATELET COUNT	429	H	140-340 K/CMM	S

Specimen: 0124:U00047S Collected: 01/24/06-1815 Status: COMP Req#: 01363104
Received: 01/24/06-1823 Subm Dr: GERDES, ERIC DO

Ordered: UA, UMIC

Comments: Comments? ER BED TR2
Urine source: VOID

Test	Result	Flag	Reference	Site
URINALYSIS				
> COLOR	YELLOW			S
> APPEARANCE	CLOUDY			S
> SPECIFIC GRAVITY	1.015		1.003-1.035	S
> PH	5.5		4.5-8.5	S
> GLUCOSE	>=1000	H	NEGATIVE MG/DL	S
> BILIRUBIN	NEGATIVE		NEGATIVE	S
> KETONES	NEGATIVE		NEGATIVE MG/DL	S
> BLOOD	LARGE	H	NEGATIVE	S
> PROTEIN	100	H	NEGATIVE MG/DL	S
> UROBILINOGEN	0.2		0.2-1.0 MG/DL	S
> NITRITE	NEGATIVE		NEGATIVE	S
> LEUKOCYTE ESTERASE	MODERATE	H	NEGATIVE	S
URINE MICROSCOPIC				
> WBC	30-50	H	<5 /HPF	S
> RBC	NONE		<3 /HPF	S
> SQUAMOUS EPITH CELL	NONE		/LPF	S
> BACTERIA	OCCASIONAL		NEGATIVE /HPF	S
> ORDER CULTURE?	C/S NOT REQUESTED			S

S - St. Joseph Hospital
2700 Dolbeer St., Eureka, CA

RUN DATE:01/26/06

RUN TIME:1202

PATHOLOGISTS:

Robert V. Zedelis,MD
Lic. No G17001ST. JOSEPH HEALTH SYSTEM-HUMBOLDT COUNTY
St. Joseph Hospital 2700 Dolbeer St., Eureka, Ca 95501

PAGE 1

Stanley T. Hino, MD
Lic. No. G46039Erik J. Burman,MD
Lic. No. G64607Margaret A. Gordon,MD
Lic No. G21047PHYSICIAN
CHEN, CHIA MD

PATIENT: HUSSAIN, DIANE G		ACCT #: SA0001109516	LOC: ED.S	U #: SU02049887
RHO DR: GERDES, ERIC DO		AGE/SX: 58/F	ROOM:	REG: 01/24/06
		DOB: 12/17/1947	BED:	DIS:
		STATUS: DEP ER	TLOC:	
Specimen: 06:M0001222S COMP		Collected: 01/24/06-1815	Source: URINE	
		Received: 01/24/06-2216	Sp Desc: VOID	
Comments: Comments? URINE IN LAB Is patient on antibiotics? N				
Procedure		Result		Site
> CULTURE, URINE Final				H
LESS THAN 10,000 CFU/ML MIXED FLORA				

H - Humboldt Central Laboratory
2425 Harrison Ave., Eureka CA

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RUN DATE:10/26/05

RUN TIME:0132

PATHOLOGISTS:

Robert V. Zedelis, MD
Lic. No G17001Stanley T. Hino, MD
Lic. No. G46039Erik J. Burman, MD
Lic. No. G64607Margaret A. Gordon, MD
Lic No. G21047ST. JOSEPH HEALTH SYSTEM-HUMBOLDT COUNTY
Outpatient Laboratory Services 2200 Harrison Eureka CA

PAGE 1

PHYSICIAN
CHEN, CHIA MD

PATIENT: HUSSAIN, DIANE G		ACCT #: SA0001072556	LOC: ZREDFF.S	U #: SU02049887
REG DR: CHEN, CHIA MD		AGE/SX: 57/F	ROOM:	REG: 10/25/05
		DOB: 12/17/1947	BED:	DIS:
		STATUS: REG CLI	TLOC:	

Specimen: 1025:C00128R	Collected: 10/25/05-1108	Status: COMP	Req#: 01309487
	Received: 10/25/05-1108	Subm Dr: CHEN, CHIA MD	

Ordered: ALT/SGPT, ALP

Test	Result	Flag	Reference	Site
> ALT/SGPT	23		4-32 IU/L	G
LIPID PANEL				
> CHOLESTEROL	236	H	<200 MG/DL	G
	Cholesterol (NCEP Guidelines)			
	< 200 mg/dl	Low Risk		
	201 - 239 mg/dl	Borderline Risk		
	> or = 240 mg/dl	High Risk		
> TRIGLYCERIDE	386	H	<150 MG/DL	G
	Normal	< 150		
	Borderline High	150 - 199		
	High	200 - 500		
	Very High	> 500		
> HDL CHOLESTEROL	47		MG/DL	G
	Low Risk	= or > 60 mg/dl		
	High Risk	< 40 mg/dl		
> LDL CHOLESTEROL DIRECT	124		0-160** MG/DL	G
	**LDL Cholesterol Therapeutic Goals			
	100 or less if CHD present			
	<130 if no CHD but 2 or more risk factors present			
	<160 if no CHD			
> RISK RATIO	5.0		<5	G
> PATIENT FASTING?	YES			G

G - St. Joseph Hospital - General Hospital Campus
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PAGE 2

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Outpatient Laboratory Services 2200 Harrison Eureka CA

PATHOLOGISTS:

Robert V. Zedelis, MD
Lic. No G17001Stanley T. Hino, MD
Lic. No. G46039Erik J. Burman, MD
Lic. No. G64607Margaret A. Gordon, MD
Lic No. G21047PHYSICIAN
CHEN, CHIA MD

Patient: HUSSAIN, DIANE G		#SA0001072556	(Continued)	
Specimen: 1025:SC00041R Collected: 10/25/05-1108 Status: COMP Req#: 01309487				
Received: 10/25/05-1108 Subm Dr: CHEN, CHIA MD				
Ordered: HBA1C				
Test	Result	Flag	Reference	Site
> HEMOGLOBIN A1C	11.4	H	4.2-5.8 %	G

G - St. Joseph Hospital - General Hospital Campus
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RUN DATE:09/04/05

ST. JOSEPH HEALTH SYSTEM-HUMBOLDT COUNTY

PAGE 1

RUN TIME:0132

Outpatient Laboratory Services 2200 Harrison Eureka CA

PATHOLOGISTS:

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Lic. No G17001Stanley T. Hino, MD
Lic. No. G46039Erik J. Burman,MD
Lic. No. G64607Margaret A. Gordon,MD
Lic No. G21047PHYSICIAN
CHEN, CHIA MD

PATIENT: HUSSAIN, DIANE G		ACCT #: SA0001050847	LOC: ZREDFP.S	U #: SU02049887
REG DR: CHEN, CHIA MD		AGE/SX: 57/F	ROOM:-	REG: 09/03/05
		DOB: 12/17/1947	BED:	DIS:
		STATUS: REG CLI	TLOC:	
Specimen: 0903:SC00036R Collected: 09/03/05-1240 Status: COMP Req#: 01278037				
Received: 09/03/05-1240 Subm Dr: CHEN, CHIA MD				
Ordered: TSH, FT4				
Test	Result	Flag	Reference	Site
> TSH	0.94		0.34-5.60 MCIU/ML	G
> FREE T4	0.71		0.60-1.64 NG/DL	G

G - St. Joseph Hospital - General Hospital Campus
2200 Harrison Ave, Eureka, CA

00975

RUN DATE:07/01/05

RUN TIME:0132

PATHOLOGISTS:

ST. JOSEPH HEALTH SYSTEM-HUMBOLDT COUNTY
Outpatient Laboratory Services 2200 Harrison Eureka CA

PAGE 1

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Lic. No. G64607Margaret A. Gordon,MD
Lic No. G21047PHYSICIAN
CHEN MD, CHIA

PATIENT: HUSSAIN, DIANE G

ACCT #: SA0001024103

LOC: ZREDFP.8

U #: SU02049887

REG DR: CHEN MD, CHIA

AGE/SX: 57/F

ROOM:

REG: 06/30/05

DOB: 12/17/1947

BED:

DIS:

STATUS: REG CLI

TLOC:

Specimen: 0630:C00142R

Collected: 06/30/05-1145

Status: COMP

Req#: 01242280

Received: 06/30/05-1145

Subm Dr: CHEN MD, CHIA

Ordered: CMP, LPP

Test	Result	Flag	Reference	Site
> SODIUM	135	L	136-144 MEQ/L	G
> POTASSIUM	3.7		3.6-5.1 MEQ/L	G
> CHLORIDE	104		101-111 MMOL/L	G
> CARBON DIOXIDE	24		22-32 MMOL/L	G
> ANION GAP	7.0		7-16	G
> BLOOD UREA NITROGEN	21		8-26 MG/DL	G
> CREATININE	1.5	H	0.6-1.1 MG/DL	G
> GLUCOSE	317	H	74-118 MG/DL	G
> CALCIUM	9.2		8.5-10.1 MG/DL	G
> BILIRUBIN, TOTAL	0.6		0.3-1.2 MG/DL	G
> ALK PHOSPHATASE	192	H	32-91 IU/L	G
> AST/SGOT	17		15-41 IU/L	G
> ALT/SGPT	16		4-32 IU/L	G
> TOTAL PROTEIN	6.7		6.5-8.1 G/DL	G
> ALBUMIN	4.1		3.5-4.8 G/DL	G
LIPID PANEL				
> CHOLESTEROL	259	H	<200 MG/DL	G
	Cholesterol (NCEP Guidelines)			
	< 200 mg/dl Low Risk			
	201 - 239 mg/dl Borderline Risk			
	> or = 240 mg/dl High Risk			
> TRIGLYCERIDE	379	H	<150 MG/DL	G
	Normal < 150			
	Borderline High 150 - 199			
	High 200 - 500			
	Very High > 500			
> HDL CHOLESTEROL	48		MG/DL	G
	Low Risk = or > 60 mg/dl			
	High Risk < 40 mg/dl			
> LDL CHOLESTEROL	135		0-160** MG/DL	G
	When the triglyceride is greater than 250 mg/dl, the LDL is progressively underestimated and the calculation is invalid when the triglyceride is greater than 400 mg/dl.			
	**LDL Cholesterol Therapeutic Goals			

G - St. Joseph Hospital - General Hospital Campus
2200 Harrison Ave, Eureka, CA

CC 7/1

RUN DATE:07/01/05

ST. JOSEPH HEALTH SYSTEM-HUMBOLDT COUNTY

PAGE 2

RUN TIME:0132

Outpatient Laboratory Services 2200 Harrison Eureka CA

PATHOLOGISTS:

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Lic. No. G46039Erik J. Burman,MD
Lic. No. G64607Margaret A. Gordon,MD
Lic No. G21047PHYSICIAN
CHEN MD, CHIA

Patient: HUSSAIN,DIANE G #SA0001024103 (Continued)				
Test	Result	Flag	Reference	Site
	100 or less if CHD present <130 if no CHD but 2 or more risk factors present <160 if no CHD			
> RISK RATIO	5.4		<5	G
> PATIENT FASTING?	YES			G

Specimen: 0630:H00125R Collected: 06/30/05-1145 Status: COMP Req#: 01242280 Received: 06/30/05-1145 Subm Dr: CHEN MD, CHIA				
Ordered: CBC				
Test	Result	Flag	Reference	Site
COMPLETE BLOOD COUNT				
HEMOGRAM				
> WHITE BLOOD COUNT	7.2		3.5-10.0 K/CMM	G
> RED BLOOD COUNT	5.12		3.80-5.20 M/CMM	G
> HEMOGLOBIN	11.0	L	12.0-15.5 G/DL	G
> HEMATOCRIT	33.7	L	35.0-46.0 %	G
> MCV	65.7	L	82-99 FL	G
> MCH	21.5	L	27.0-33.0 PG/CELL	G
> MCHC	32.7		32-35 %	G
> RBC DISTRIB WIDTH	17.1	H	11.0-15.0 %	G
> PLATELET COUNT	498	H	140-340 K/CMM	G
> NEUT%	65.3		42.0-74.0 %	G
> LYMPH%	25.7		16.0-45.0 %	G
> MONO%	6.7		4.0-12.0 %	G
> EOS%	2.1		0.0-7.0 %	G
> BASO%	0.2		0.0-2.0 %	G
> NEUT#	4.6		1.5-7.0 K/CMM	G
> LYMPH#	1.9		1.2-3.4 K/CMM	G
> MONO#	0.5		0.1-0.7 K/CMM	G
> EOS#	0.2		0.0-1.0 K/CMM	G
> BASO#	0		0-0.2 K/CMM	G

G - St. Joseph Hospital - General Hospital Campus
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RUN DATE:07/01/05

RUN TIME:0132

PATHOLOGISTS:

Robert V. Zedelis,MD
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Lic. No. G46039Erik J. Burman,MD
Lic. No. G64607Margaret A. Gordon,MD
Lic No. G21047ST. JOSEPH HEALTH SYSTEM-HUMBOLDT COUNTY
Outpatient Laboratory Services 2200 Harrison Eureka CA

PAGE 3

PHYSICIAN
CHEN MD, CHIA

Patient: HUSSAIN, DIANE G		#SA0001024103	(Continued)	
Specimen: 0630:SC00038R Collected: 06/30/05-1145 Status: COMP Req#: 01242280				
Received: 06/30/05-1145 Subm Dr: CHEN MD, CHIA				
Ordered: HBA1C, TSH				
Test	Result	Flag	Reference	Site
> HEMOGLOBIN A1C	9.4	H	4.2-5.8 %	G
> TSH	0.87		0.34-5.60 MCIU/ML	G

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RUN DATE:05/25/05

RUN TIME:0302

PATHOLOGISTS:

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St. Joseph Hospital 2700 Dolbeer St., Eureka, Ca 95501

PAGE 1

PHYSICIAN
CHEN MD, CHIA

PATIENT: HUSSAIN, DIANE G

ACCT #: SA5900002142

LOC: TEL.S

U #: SU02049867

REG DR: BURTON MD, ALLISON

AGE/SX: 57/F

ROOM: 1228.S

REG: 05/25/05

DOB: 12/17/1947

BED: 1

DIS:

STATUS: ADM INO

TLOC:

Specimen: 0524:C00261S

Collected: 05/24/05-2225

Status: COMP

Req#: 01225034

Received: 05/24/05-2230

Subm Dr: NATTKEMPER, CRAIG A D.O.

Ordered: CMP

Comments: Comments? ER BED 3

Test	Result	Flag	Reference	Site
> SODIUM	139		135-145 MEQ/L	S
> POTASSIUM	4.1		3.6-5.0 MEQ/L	S
> CHLORIDE	104		98-107 MMOL/L	S
> CARBON DIOXIDE	26		22-32 MMOL/L	S
> ANION GAP	9.0		7-16	S
> BLOOD UREA NITROGEN	23		5-20 MG/DL	S
> CREATININE	1.5	H	0.7-1.2 MG/DL	S
> GLUCOSE	348	H	75-110 MG/DL	S
> CALCIUM	9.1	H	8.4-10.2 MG/DL	S
> BILIRUBIN, TOTAL	0.7		0.0-1.3 MG/DL	S
> ALK. PHOSPHATASE	207	H	38-126 U/L	S
> AST/SGOT	22		14-36 U/L	S
> ALT/SGPT	10		9-52 U/L	S
> TOTAL PROTEIN	7.7		6.3-8.2 G/DL	S
> ALBUMIN	4.1		3.5-4.6 G/DL	S

Specimen: 0524:H002158

Collected: 05/24/05-2225

Status: COMP

Req#: 01225034

Received: 05/24/05-2230

Subm Dr: NATTKEMPER, CRAIG A D.O.

Ordered: CBC

Comments: Comments? ER BED 3

Test	Result	Flag	Reference	Site
COMPLETE BLOOD COUNT				
HEMOGRAM				
> WHITE BLOOD COUNT	9.6		3.5-10.0 K/CMM	S
> RED BLOOD COUNT	5.24	H	3.80-5.20 M/CMM	S
> HEMOGLOBIN	11.6	L	12.0-15.5 G/DL	S
> HEMATOCRIT	35.2		35.0-46.0 %	S
> MCV	67.1	L	82-99 FL	S
> MCH	22.2	L	27.0-33.0 PG/CELL	S

S - St. Joseph Hospital
2700 Dolbeer St., Eureka, CA

RUN DATE:05/25/05

ST. JOSEPH HEALTH SYSTEM-HUMBOLDT COUNTY

PAGE 2

RUN TIME:0302

St. Joseph Hospital 2700 Dolbear St., Eureka, Ca 95501

PATHOLOGISTS:

Robert V. Zedelis, MD
Lic. No G17001Stanley T. Hino, MD
Lic. No. G46039Erik J. Burman, MD
Lic. No. G64607Margaret A. Gordon, MD
Lic No. G21047PHYSICIAN
CHEN MD, CHIA

Patient: HUSSAIN, DIANE G

#SA5900002142

(Continued)

Test	Result	Flag	Reference	Site
> MCHC	33.0		32-35 %	S
> RBC DISTRIB WIDTH	17.1	H	11.0-15.0 %	S
> PLATELET COUNT	402	H	140-340 K/CMM	S
> NEUT%	64.1		42.0-74.0 %	S
> LYMPH%	26.0		16.0-45.0 %	S
> MONO%	6.3		4.0-12.0 %	S
> EOS%	3.0		0.0-7.0 %	S
> BASO%	0.6		0.0-2.0 %	S
> NEUT#	6.2		1.5-7.0 K/CMM	S
> LYMPH#	2.5		1.2-3.4 K/CMM	S
> MONO#	0.6		0.1-0.7 K/CMM	S
> EOS#	0.3		0.0-1.0 K/CMM	S
> BASO#	0.1		0-0.2 K/CMM	S

S - St. Joseph Hospital
2700 Dolbear St., Eureka, CA

URINALYSISDIPSTICK:

Glucose 250-500 Bilirubin 0 Ketone 0 Specific Gravity 1.025
 Blood Hemolysed pH 5.0 Protein 2000+ Urobilinogen 0.2
 Nitrite 0 Leukocytes moderate
 ++

Cloudy, med. yellow

MICROSCOPIC:

WBC _____

RBC _____

Bacteria _____

Epi _____

Casts _____

Crystals _____

Other _____

NAME: Hussain, DianeDATE: 2-7-05

1/27

*ce 2-7-05
→ CX*

RUN DATE:02/10/05

RUN TIME:1202

PATHOLOGISTS:

Robert V. Zedelis, MD
Lic. No G17001Stanley T. Hino, MD
Lic. No. G46039Erik J. Burman, MD
Lic. No. G64607Margaret A. Gordon, MD
Lic No. G21047ST. JOSEPH HEALTH SYSTEM-HUMBOLDT COUNTY
Outpatient Laboratory Services 2200 Harrison Eureka CA

PAGE 1

PHYSICIAN
CHEN MD, CHIA

PATIENT: HUSSAIN, DIANE G		ACCT #: SA0000957646	LOC: ZREDFP.S	U #: SU02049887
REG DR: CHEN MD, CHIA		AGE/SX: 57/F	ROOM:	REG: 02/07/05
		DOB: 12/17/1947	BED:	DIS:
		STATUS: REG REF	TLOC:	
Specimen: 05:M0002084R COMP		Collected: 02/07/05 -UNK	Source: URINE	
		Received: 02/07/05-1636	Sp Deac: NOS	
Procedure	Result		Site	
> CULTURE, URINE Final				
LESS THAN 1000 CFU/ML				H

H - Humboldt Central Laboratory
2425 Harrison Ave., Eureka CA

ce 24

RUN DATE: 02/08/05

RUN TIME: 0136

PATHOLOGISTS:

Robert V. Zedelis, MD
Lic. No. G17001ST. JOSEPH HEALTH SYSTEM-HUMBOLDT COUNTY
Outpatient Laboratory Services 2200 Harrison Eureka CA

PAGE 1

Stanley T. Hino, MD
Lic. No. G46039Erik J. Burman, MD
Lic. No. G64607Margaret A. Gordon, MD
Lic. No. G21047PHYSICIAN
CHEN MD, CHIA

PATIENT: HUSSAIN, DIANE G

REG DR: CHEN MD, CHIA

ACCT #: SA0000957646

LOC: ZREDFP.S

U #: SU02049887

AGE/SX: 57/F

ROOM:

REG: 02/07/05

DOB: 12/17/1947

BRD:

DIS:

STATUS: REG REF

TLOC:

Specimen: 0207:U00046R

Collected: 02/07/05-UNK

Status: COMP

Req#: 01168129

Received: 02/07/05-1636

Subm Dr: CHEN MD, CHIA

Ordered: UA, UMIC

Test	Result	Flag	Reference	Site
URINALYSIS				
> COLOR	YELLOW			
> APPEARANCE	SL CLOUDY			G
> SPECIFIC GRAVITY	1.025		1.003-1.035	G
> PH	5.5		4.5-8.5	G
> GLUCOSE	500			G
> BILIRUBIN	NEGATIVE	H	NEGATIVE MG/DL	G
> KETONES	NEGATIVE		NEGATIVE	G
> BLOOD	SMALL		NEGATIVE MG/DL	G
> PROTEIN	>=300	H	NEGATIVE	G
> UROBILINOGEN	0.2	H	NEGATIVE MG/DL	G
> NITRITE	NEGATIVE		0.2-1.0 MG/DL	G
> LEUKOCYTE ESTERASE	SMALL		NEGATIVE	G
URINE MICROSCOPIC				
> WBC	TNTC		NEGATIVE	G
> RBC	3-5	H	<5 /HPF	G
> SQUAMOUS EPITH CELL	OCCASIONAL	H	<3 /HPF	G
> BACTERIA	OCCASIONAL		/LPF	G
> ORDER CULTURE?	C/S TO FOLLOW		NEGATIVE /HPF	G

G - St. Joseph Hospital - General Hospital Campus
2200 Harrison Ave, Eureka, CA

a29

RUN DATE:01/04/05

RUN TIME:0132

PATHOLOGISTS:

Robert V. Zedelis,MD
Lic. No G17001Stanley T. Hino, MD
Lic. No. G46039Erik J. Burman,MD
Lic. No. G64607Margaret A. Gordon,MD
Lic No. G21047ST. JOSEPH HEALTH SYSTEM-HUMBOLDT COUNTY
Outpatient Laboratory Services 2200 Harrison Eureka CA

PAGE 1

PHYSICIAN
CHEN MD, CHIA

PATIENT: HUSSAIN, DIANE G

ACCT #: SA0000939763 LOC: ZREDFP.S U #: SU02049887

REG DR: CHEN MD, CHIA

AGE/EX: 57/F

ROOM:

REG: 01/03/05

DOB: 12/17/1947

BED:

DIS:

STATUS: REG CLI

TLOC:

Specimen: 0103:C00108R

Collected: 01/03/05-0916

Status: COMP

Req#: 01147865

Received: 01/03/05-0916

Subm Dr: CHEN MD, CHIA

Ordered: CMP, LPP

Comments: CRITICAL GLUCOSE VALUE CALLED TO [MAMIE]

READBACK DONE: DATE [1/3/05] TIME [1400] INITIALS [PW]

Test	Result	Flag	Reference	Site
> SODIUM	130	L	135-145 MEQ/L	G
> POTASSIUM	4.8		3.6-5.0 MEQ/L	G
> CHLORIDE	101		98-107 MMOL/L	G
> CARBON DIOXIDE	26		22-32 MMOL/L	G
> ANION GAP	6.0	L	7-16	G
> BLOOD UREA NITROGEN	21	H	5-20 MG/DL	G
> CREATININE	1.2		0.7-1.2 MG/DL	G
> GLUCOSE	559	*H	75-110 MG/DL	G
> CALCIUM	8.6		8.4-10.2 MG/DL	G
> BILIRUBIN, TOTAL	0.5		0.0-1.3 MG/DL	G
> ALK. PHOSPHATASE	165	H	38-126 U/L	G
> AST/SGOT	21		14-36 U/L	G
> ALT/SGPT	19		9-52 U/L	G
> TOTAL PROTEIN	6.3		6.3-8.2 G/DL	G
> ALBUMIN	3.1	L	3.5-4.6 G/DL	G
LIPID PANEL				
> CHOLESTEROL	302	H	0-200 MG/DL	G
The National Cholesterol Education Program suggests that a lipid profile be ordered if the total cholesterol is greater than 240 or 200-239 when two or more risk factors exist.				
> TRIGLYCERIDE	332	H	35-200 MG/DL	G
> HDL CHOLESTEROL	38		35-86 MG/DL	G
> LDL CHOLESTEROL	(198)	H	0-160** MG/DL	G
When the triglyceride is greater than 250 mg/dl, the LDL is progressively underestimated and the calculation is invalid when the triglyceride is greater than 400 mg/dl.				
**LDL Cholesterol Therapeutic Goals				
100 or less if CHD present				
<130 if no CHD but 2 or more risk factors present				
<160 if no CHD				
> RISK RATIO	7.9		<5	G
> PATIENT FASTING?	YES			G

G - St. Joseph Hospital - General Hospital Campus
2200 Harrison Ave, Eureka, CA

C110305

Osteoporosis Diagnostic Center
 2773 Harris Street, Suite F
 Eureka, CA 95503

REC'D FEB 09 2007

Phone: 707-445-1600

Fax: 707-445-3778

Bone Density and Vertebral Assessment Report

Name: Hussain, Diane G

Sex: Female

Patient ID: 215527567

Ethnicity: Black

Age: 59

Date of Birth: 12/17/1947

Indication: complete hysterectomy, 1974; HT, minimal

Referring Physician: Chen

Study: Bone densitometry and vertebral deformity assessment were performed.

Accession number: 01333607

Bone Density: ABNORMAL STUDY

Region	Exam Date	BMD (g/cm ²)	T-Score	Z-Score	Classification
AP Spine (L1-L4)	02/07/2007	0.803	-3.2	-1.7	Osteoporotic
Femoral Neck (Left)	02/07/2007	0.583	-2.7	-1.7	Osteoporotic
Total Hip (Left)	02/07/2007	0.711	-2.0	-1.3	Osteopenic

Vertebral Deformity Assessment: Exam date 02/07/2007

Impression: No vertebral fracture is seen.

A spine fracture indicates 5X risk for subsequent spine fracture and 2X risk for subsequent hip fracture.

■ **Interpretation:** OSTEOPOROSIS; Losses of bone mineral at the spine typically precedes losses at the hip. Risk for future fracture is high.

■ **Recommendations:** Continue preventative measures (calcium, trace minerals, vitamins, exercise). Initiate therapy. Repeat study in 12 months.



Reported by: Gena Pennington MD on 02/07/2007 2:00:00 PM.

CC

osteoporosis Diagnostic Center
2773 Harris Street, Suite F
Eureka, CA 95503

Phone: 707-445-1800

Fax: 707-445-3778

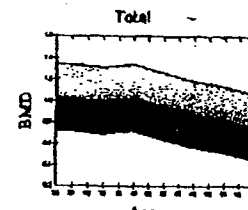
Name: Hussain, Diane G	REDACTED	Sex: Female	Height: 64.5 in
Patient ID:		Ethnicity: Black	Weight:
Age: 59		Date of Birth: 12/17/1947	



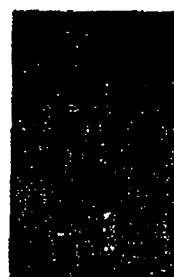
Scan Date: February 07, 2007
 Scan ID: A0207071D
 Scan Type: a SE R/L Lateral Image



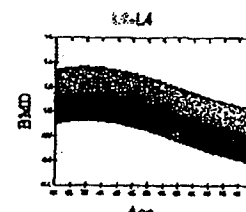
Scan Date: February 07, 2007
 Scan ID: A0207071B



Scan Type: f Left Hip



Scan Date: February 07, 2007
 Scan ID: A0207071C



Scan Type: f Lumbar Spine

Results:

	BMD (g/cm ³)	T-Score	FR (%)	Z-Score	AM (%)
Left Hip (Neck)	0.563	-2.7	59	-1.7	70
Left Hip (Total)	0.711	-2.0	69	-1.3	78
Spine (Total)	0.803	-3.2	70	-1.7	81

Total BMD CV 1%

Summary:

	Classification
Left Hip BMD (Neck)	Osteoporotic
Left Hip BMD (Total)	Osteopenic
Spine BMD (Total)	Osteoporotic

A spine fracture indicates 5X risk for subsequent spine fracture and 2X risk for subsequent hip fracture.

HOLOGIC®

Humboldt Radiology

2330 BUHNE ST. - EUREKA, CA 95501 - (707) 442-3704
www.humboldtradiology.com

Matthew Fluke, M.D.
Richard Greaney, M.D.
Greg Holland, M.D.
James Moore, M.D.
Abraham Pera, D.O.

Patient: **Diane G Hussain**

Date: **08/29/2006**

DOB: **12/17/1947 (58)**

Referring Physician: **Chia Chen MD**

MRN: **00204988701**

LEFT HIP-COMplete

History: Pain for the past week. No injury.

Technique: AP and lateral with AP pelvis

Comparison: None.

Findings:

There is no recent or old fracture deformity, dislocation, subluxation, joint space narrowing, arthropathy or evidence of femoral head avascular necrosis. The included portion of the pelvis is unremarkable as well.

Impression:

Radiographically normal left hip.

Electronically signed by James Moore, M.D.

JM: Dictated: 08/30/2006 7:34 a.m. Finalized: 08/30/2006 10:11 a.m.

Hussain, Diane G

Page 1 of 1
MAY 15 2007

**Saint Joseph Hospital
Diagnostic Imaging Services**

Tahoe Carson Radiology
Betty Card, M.D., Nicholas Carlevato, M.D., Kurt Deggwiler, M.D.,
Sheldoe Kap, M.D., David Landis, M.D., Stephen Look, M.D.,
Wesley Root, M.D., Keith Shownard, M.D., Helmuth Vollger, M.D.

Name: **HUSSAIN, DIANE G**

Exam: **THYROID UPTAKE WITH IMAGING MULTI**

Date: **09/28/05 & 09/29/05**

History: Thyroid nodules. Dominant solid nodule within mid pole left thyroid lobe.

Dose and technique: On 09/28/05 the patient was administered 271 uCi of I-123 orally. Six-hour delayed images were obtained as well as 6-hour uptake values. The patient returned on 09/29/05 and 24-hour uptake values were obtained.

Findings: The 6-hour uptake value is 6.8% which is euthyroid. The 24-hour uptake value is 16.8% which is euthyroid.

On the planar images there is symmetric activity within the thyroid lobes. The thyroid size appears relatively normal. I do not see any discrete focal hot or cold nodules.

IMPRESSION:

1. Euthyroid 6 and 24-hour uptake values 6.8% and 16.8% respectively.
2. No discrete hot or cold nodules detected on the planar images.

Dictated by: **NICHOLAS J CARLEVATO MD**
<Electronically signed by NICHOLAS J CARLEVATO MD>

Patient:	HUSSAIN, DIANE G	DOB:	12/17/1947	Age:	57
Examination:	THYROID UPTAKE W IMAGING MULTI				
Ord No:	0928-0005				
Acct No:	SA0001057912	Unit No:	SU02049887		
Ord. Phys:	CHEN, CHIA MD	PACS ID:	SJSSJE0002687		
Pri Care Phys:		Dict Date:	09/29/05 1233	Sign Date:	09/30/05 0922
Pt Status:	REG CLI	Report Status:	Signed	Trans By:	TDS - 09/29/05 1407
cc:	CHIA CHEN, MD	Rep No:	0928-0007		

CHIA CHEN MD - Physician Copy

Saint Joseph Hospital, A Sisters of St. Joseph of Orange Corporation, 2700 Dolbeer Street, Eureka, California 95501

Page 1 of 1

CC103

Humboldt Radiology

2330 BUHNE ST. - EUREKA, CA 95501 - (707) 442-3704
www.humboldtradiology.com

Matthew Fluke, M.D.
Richard Greenay, M.D.
Greg Holland, M.D.
James Moore, M.D.
Abraham Pera, D.O.

Patient: **Diane G Hussain**
DOB: 12/17/1947 (57)

Date: **09/06/2005**
Referring Physician: **Chia Chen MD**

MRN: 00204988701

ULTRASOUND--THYROID

History: Thyroid nodule for the past two years.

Comparison: None.

Findings:

There is a dominant 1.9 x 2.1 x 2.8 cm solid nodule in the mid medial pole of the left thyroid lobe. Multiple other cystic and solid lesions are present, with a 1 cm solid lesion inferiorly in the left lobe, with another 1 cm lesion in the mid pole on the right, and with a solid anechoic 1 cm mass in the lower pole on the right. A tiny cyst measuring around 3 mm is present in the medial lower pole of the right lobe. Overall right lobe size is 5.4 x 2.0 x 2.0 cm, and overall left lobe size is 4.4 x 2.2 x 2.9 cm. The overall acoustic texture is heterogeneous.

Impression:

Multiple solid and cystic lesions in the thyroid gland, with a dominant mass in the medial mid pole of the left lobe. This lesion measures 1.9 x 2.1 x 2.8 cm, and exhibits a moderate amount of Doppler flow. If function of this nodule has not been previously assessed, a nuclear medicine scan would be worthwhile. If the lesion is photopenic, it should be biopsied.

Electronically signed by James Moore, MD
JM:gb T: 09/07/2005 7:49 a.m. D: 09/06/2005 8:48 p.m.

cc 9/7

Hussain, Diane G

Page 1 of 1

Humboldt Radiology

2330 BUHNE ST. - EUREKA, CA 95501 - (707) 442-3704

www.humboldtradiology.com

Matthew Fluke, M.D.
Richard Greaney, M.D.
Greg Holland, M.D.
James Moore, M.D.
Abraham Pera, D.O.

Patient: **Diane G Hussain**

Date: **06/23/2005**

DOB: **12/17/1947 (57)**

Referring Physician: **Chia Chen MD**

MRN: **00204988701**

MAMMOGRAPHY W/CAD-BILATERAL SCREENING

History: Screening, no current complaints. No family history of breast cancer.

Comparison: Mad River Hospital study of 11 - 27 - 01.

Findings:

Breast density: Fatty with scattered fibroglandular elements.

Masses: None.

Architectural Distortion: None.

Calcifications: Tiny cluster of microcalcifications superior in the right breast, visible only on the MLO view, and probably present on the prior mammogram. No worrisome clusters.

Other: None.

Impression:

No radiographic evidence of malignancy in either breast. A routine follow-up examination in one year would be appropriate.

BI-RADS 2/Benign Finding

Patient notification letter sent.

James Moore M.D.

Electronically signed by James Moore M.D.

JM:gb T: 06/24/2005 7:16 a.m. D: 06/23/2005 2:46 p.m.

00627

Hussain, Diane G

Page 1 of 1

**Saint Joseph Hospital
Diagnostic Imaging Services**

Tahoe Carson Radiology
Betty Card, M.D., Nicholas Carlevano, M.D., Kurt Doggweiler, M.D.,
Sheldon Kop, M.D., David Landis, M.D., Lovick Thomas, M.D., Helmut Vollger, M.D.

Name: HUSSAIN, DIANE G
Exam: US DUPLEX CAROTID BILATERAL
Date: 05/25/05

History: Stroke in evolution.

Sagittal and axial images were obtained of both right and left common carotid, internal carotid and external carotid arteries accompanied by pulse Doppler spectral analysis and color-flow Doppler imaging. The vertebral arteries were also evaluated.

Right side:

There is minimal intimal thickening of the distal common carotid artery and proximal internal carotid artery. There are no atherosclerotic plaques. There is no flow-limiting lesion as demonstrated by the peak systolic/peak diastolic velocities. The internal carotid/common carotid artery ratio was 0.86. Pulse Doppler waveforms reveal triphasic pattern with spectral broadening. Color-flow imaging revealed turbulence in the bulb. Flow in the vertebral artery was antegrade.

Left side:

There is diffuse thickening of the intima, but no atherosclerotic lesions in the common carotid artery, bulb or internal/external carotid arteries. Flow velocities were uniform. The internal carotid/common carotid artery ratio was 1.1. Pulse Doppler waveforms were triphasic throughout. The color-flow studies showed minimal turbulence at the bulb. Flow in the vertebral artery was antegrade.

IMPRESSION:

1. There is no flow-limiting lesion in the right or left common carotid artery, internal carotid artery or external carotid artery.
2. Flow in the vertebral arteries is antegrade.

A report was called to Dr. Burton's office and left with the secretary.

Patient:	HUSSAIN, DIANE G	DOB:	12/17/1947	Age:	57
Examination:	US DUPLEX CAROTID BILATERAL				
Ord No:	0525-0010				
Acct No:	SA5900002142	Unit No:	SU02049887		
Ord. Phys:	BURTON MD, ALLISON	PACS ID:	SJSSJE0002687		
Pri Care Phys:	CHEN MD, CHIA	Dict Date:	05/25/05 1320	Sign Date:	05/26/05 0007
Pr Status:	ADM IN	Trans By:	LN - 0525/05 1453	Rep No:	0525-0155
cc: ALLISON BURTON MD, CHIA CHEN MD	Report Status	Signed			

ALLISON BURTON MD - Physician Copy

Saint Joseph Hospital, A Sisters of St. Joseph of Orange Corporation, 2700 Dolbeer Street, Eureka, California 95501

Page 1 of 2

Saint Joseph Hospital
Diagnostic Imaging Services
Tahoe Carson Radiology
Betsy Card, M.D., Nicholas Carlevaro, M.D., Kurt Doggweiler, M.D.,
Sheldon Kop, M.D., David Landis, M.D., Lovick Thomas, M.D., Helmuth Vollger, M.D.

Name: HUSSAIN, DIANE G
Exam: CT BRAIN/HEAD WITHOUT CONTRAST
Date: 05/24/05

History: Right-sided numbness.

There are no hemorrhages, infarcts, masses or mass effect. The ventricles and cisterns are normal in size and symmetry. The gray-white interfaces show no architectural distortion. There are no extra-axial collections. The sinuses are clear.

IMPRESSION:

Negative for acute intracranial abnormality.

Dictated by: JOZSEF LUKACS MD
<Electronically signed by JOZSEF LUKACS MD >

Patient: HUSSAIN, DIANE G
Examination: CT BRAIN/HEAD WO CONTRAST
Ord No: 0524-0045
Acct No: SA5900002142
Ord. Phys: NATTKEMPER, CRAIG A DO
Pri Care Phys: CHEN MD, CHIA
Pt Status: ADM IN
cc: CRAIG A NATTKEMPER, D.O.; CHIA CHEN MD
DOB: 12/17/1947
Age: 57
Unit No: SU02049887
PACS ID: SJSSJE0002687
Dict Date: 05/25/05 1206
Trans By: TDS - 05/25/05 1338
Sign Date: 05/26/05 0007
Rep No: 0525-0134
Report Status: Signed

CHIA CHEN MD - Physician Copy

Saint Joseph Hospital, A Sisters of St. Joseph of Orange Corporation, 2700 Dolbeer Street, Eureka, California 95501

Page 1 of 1

CC 526

**Saint Joseph Hospital
Diagnostic Imaging Services**

Tahoe Carson Radiology
Betsy Card, M.D., Nicholas Carstensen, M.D., Karl Deggeler, M.D.,
Sheldon Kop, M.D., David Lurie, M.D., Levick Thomas, M.D., Helmut Vollger, M.D.

Name: **HUSSAIN, DIANE G**
Exam: **CARDIAC SPECT STRESS & REST
MYOCARDIAL PERF. WALL MOTION
MYOCARDIAL PERFUSION EJJ**

Date: **07/07/05**

History: Chest pain.

Technique: Under the supervision of Dr. Ploss the patient received intravenous Adenosine. This was followed by administration of 30 mCi Tc99m-sestamibi with SPECT imaging. Initially the patient had a study with 10 mCi of Tc99m-sestamibi. A wall motion study was performed.

Findings: Ejection fraction is low at 45%. There is decreased wall motion involving the distal and mid lateral myocardium. There is decreased wall thickening involving the inferior myocardium. The stress images do not demonstrate any significant anterolateral myocardial defects. However, inferior towards the base there is decreased perfusion to a mild extent. This does not appear to fill in significantly to suggest ischemia. Differential would include an old infarct or diaphragmatic attenuation. There is apical thinning.

IMPRESSION:

1. Left ventricular enlargement with 45% ejection fraction.
2. Areas of wall motion abnormalities involving the lateral and inferolateral myocardium.
3. Mild persistent defect involving the inferior myocardium and possibly an old infarct. No significant ischemia is identified.

Dictated by: **HELMUTH F VOLLGER MD**
<Electronically signed by HELMUTH F VOLLGER MD>



Patient:	HUSSAIN, DIANE G	DOB:	12/17/1947	Age:	57
Examination:	CARDIAC SPECT STRESS & REST; MYOCARDIAL PERF. WALL MOTION; MYOCARDIAL PERFUSION EJJ				
Ord No:	0707-0001; 0707-0002; 0707-0003				
Acct No:	SA0001012521	Unit No:	SU02049887		
Ord. Phys:	PLOSS, DAVID R MD	PACS ID:	SJSSJE0002687		
Ref Care Phys:		Doc Date:	07/07/05 1430	Sign Date:	07/07/05 1722
Pr. Source:	ERG CL1	Trans By:	AC-07/07/05 1614	Rep No:	0707-0125
cc: DAVID R PLOSS, MD	Report Status:	Signed			

DAVID R PLOSS, MD - Physician Copy

Saint Joseph Hospital, A Sister of St. Joseph of Orange Corporation, 2701 Dufferin Street, Bunkie, California 95501

Page 1 of 1

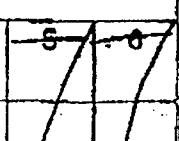
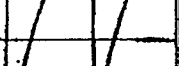
CC 7/15

5 punch

Performing Physician: [Signature]
Referring Physician: Chan
History / Reason for test: SPCNA 5/05, DM, Smoker
X 52 yrs CP
Baseline Assessment:
☐ Y ☒ N Chest Pain
☐ Y ☒ N Short of Breath
☐ Y ☒ N Edema
Cardiac:
☒ Regular ☐ Irregular ☐ Murmur
☐ Pacer ☐ ICD ☐ Other
Respiratory: Clear Fine Crackles R L
Coarse Crackles R L Wheeze R L
Other: 92% RA
Current Medications: Diazepam, Oxycodone, Tamsulosin, Lisinopril, Nitroglycerin, Lasix, Metoprolol, Digoxin, Coumadin, Plavix, Zolpidem, Clonidine
Allergies / Reactions / Sensitivities: PCN

Informed Consent, Risk - Benefits - Options explained:

Weight: 205 Adenosine Dose: 52mg Start Time: 17:20 I.V. (2) AC

	REST	ADENOSINE INFUSION						POST INFUSION						
MINUTES	SUPINE	1	2	3	4	5	6	1	2	3	4	5	6	10
HEART RATE	76	78		80	92			87		85		80		77
BLOOD PRESSURE	160/81	157/77		157/77	176/96			161/90		174/89		173/89		167/87

ESTING EKG FINDINGS: SR RBB, LAD

OVERSE REACTIONS:

CHEST PAIN

EKG:

2nd 562 mmHg

Medications Given:

EST FINDINGS / INTERPRETATION

1.) NO ECG
2.) IMAGES & follow.

Signature: [Signature] RN/RCP Date: 07/07/05 Time: _____
Signature: [Signature] MD Date: _____ Time: _____

St. Joseph Hospital

ST JOSEPH
HOSPITAL

CARDIOPULMONARY STRESS TEST

PATIENT IDENT

Date: _____

Acct#: SA0001012521 CLI

HUSSAIN, DIANE G

DOB: 07/07/05 MR#: SU02049887

BO: 12/17/1947 57 F

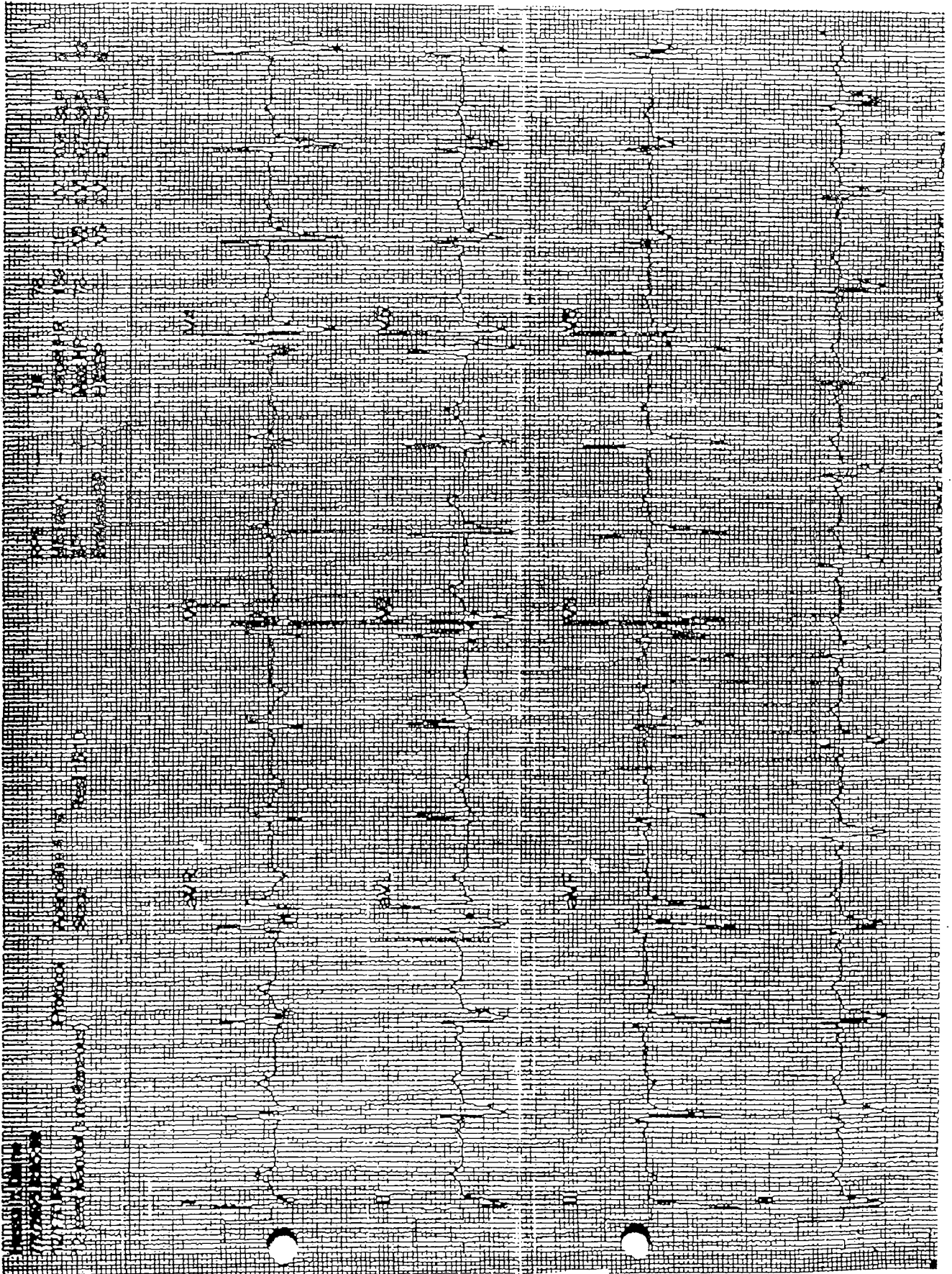
ATT: PLOSS, DAVID R MD

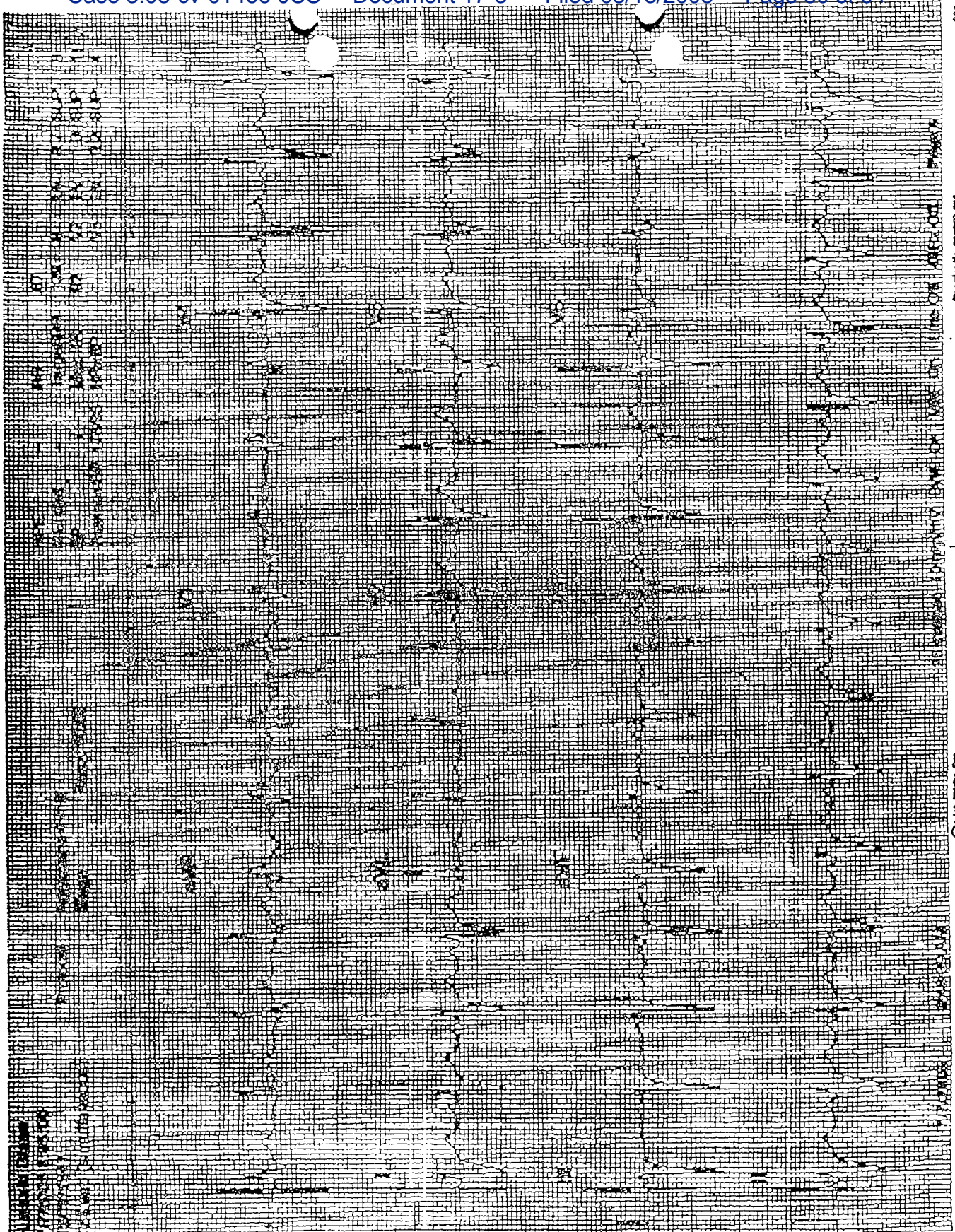
RECEIVED

MAY 15 2007

CLAIMS

SLIC 0190





605

Recorder No. 000000-001

QUINTONZ

QUINTONZ

QUINTONZ

QUINTONZ

QUINTONZ

5 punch

Performing Physician Ploss
 Referring Physician [Signature]
 History / Reason for test SPCVA S/O, DM, Smudgby
X 52 yrs, CP

Baseline Assessment:

<input type="checkbox"/> Y <input checked="" type="checkbox"/> N Chest Pain	Cardiac: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Irregular <input type="checkbox"/> Murmur
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N Short of Breath	<input type="checkbox"/> Pacer <input type="checkbox"/> ICD <input type="checkbox"/> Other
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N Edema	Respiratory: <u>Clear R L</u> Fine Crackles R L
	Other: <u>97% RA</u> Coarse Crackles R L Wheeze R L

Current Medications Transderm, Oxycontin, Tazopren
Glucophage, Amaryl
Novartis, Lisinopril, Lopressor
Misoprostol, Ameliorityline, Cymbalta
Papad, Tylenol, Plavix, Bravado, Clonidine

Allergies / Reactions / Sensitivities PCN

Informed Consent, Risk - Benefits - Options explained:

Weight: 205 Adenosine Dose: 52mg Start Time: 17:20 I.V. R AC

	REST	ADENOSINE INFUSION						POST INFUSION						
MINUTES	SUPINE	1	2	3	4	5	6	1	2	3	4	5	6	10
HEART RATE	76	78		80	92			87		85		80		77
BLOOD PRESSURE	160/81	157/77		157/64	176/46			191/90		174/89		173/89		167/87

ESTING EKG FINDINGS: SR RBB, LAD

OVERSE REACTIONS:

1 CHEST PAIN

1 EKG:

201 512 1000B

edications Given:

EST FINDINGS / INTERPRETATION

1.) NO SCA

2.) IMACS & follow.

Signature [Signature] RN/RCPSignature [Signature] MDDate 07/07/05 Time 17:20Date 07/07/05 Time 17:20St. Joseph Hospital
ST. JOSEPH
HEALTH SYSTEM

CARDIOPULMONARY STRESS TEST

PATIENT IDENT

Date 07/07/05Acct#: SA0001012521 CLI
HUSSAIN, DIANE G
DOB: 07/07/05 MR#: SU02049887
BO: 12/17/1947 57 F
ATT: PLOSS, DAVID R MD

SLIC 0192

SLIC 0193

Hussain Diane

7/7/2005 8:05:00

12/7/1947

12-Lead Manual (simultaneous)

Protocol

Adenosine 4 min

Stage

Rest 16-10

RPE

METS(a)

BP

Previous BP

HR

Target HR

Max HR

HR/BP

78

138

78

II

V2

V5

LVL

LVL

LVL

0.4 SLP

0.7 SLP

0.1 SLP

5

13

5

CLAIMS

MAY 15 2007

SECRET

V4

V5

V6

V1

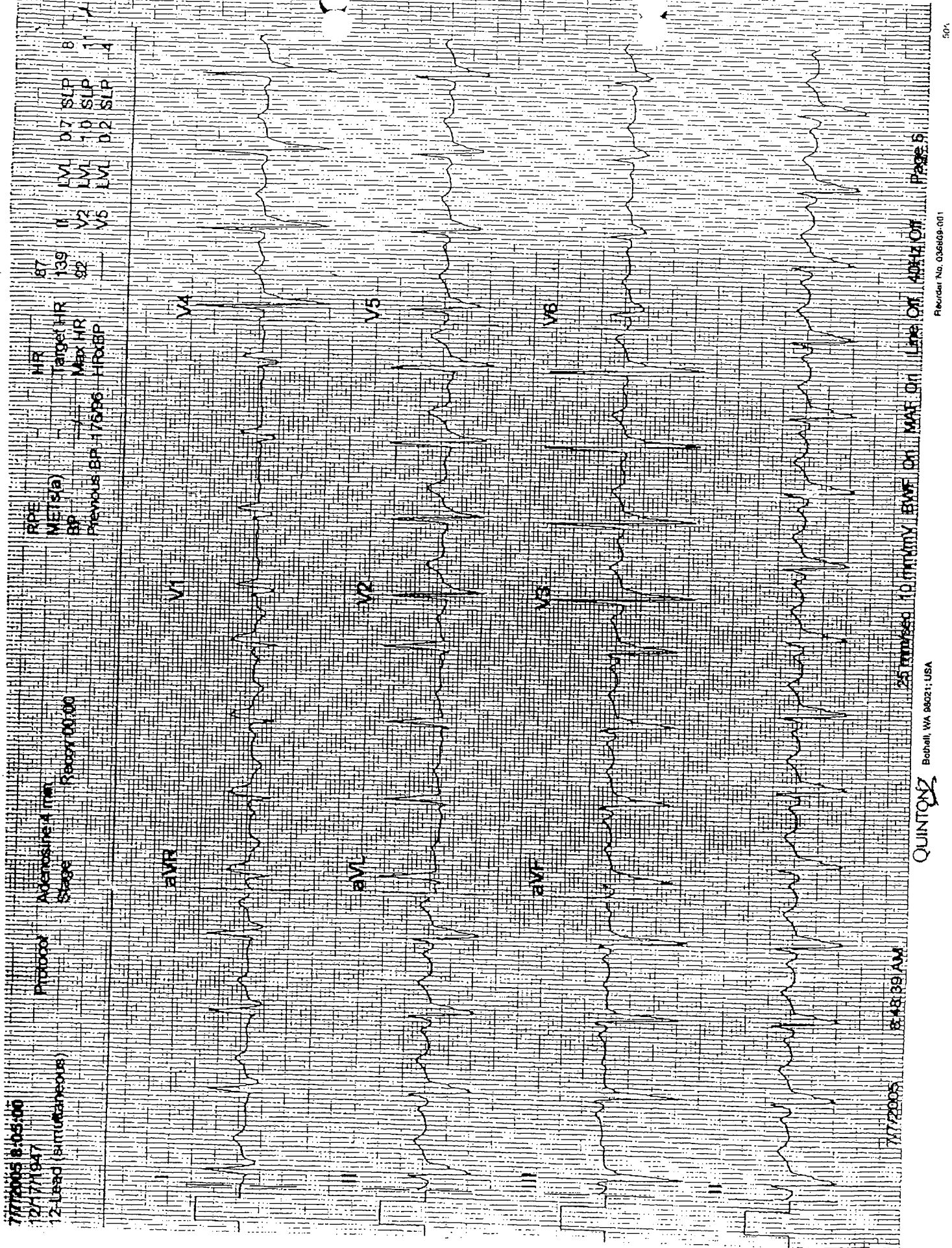
V2

V3

aVR

aVL

aVF



From: VECTOR PHYSICAL THERAPY

17074458883

11/10/2006 13:15 #055 P.002/003

**PHYSICAL THERAPY DISCHARGE SUMMARY**

PATIENT NAME: Diane Hussain
DIAGNOSIS: Left Sciatica
PHYSICIAN: Dr. Chen
DATE OF DISCHARGE: 11/10/06

Dear Dr. Chen:

Your patient, Diane, was seen on 9/15/06 for an initial evaluation. Diane has requested discharge by phone at this time due to:

- Patient has been "re-diagnosed".

Therefore, a formal discharge evaluation was not performed.

Patient has made the following progress toward physical therapy goals:

1. Patient will be independent with a home management regimen to prevent or minimize pain while performing her usual activities. (Not met.)
2. Patient will demonstrate increased strength and endurance of lumbopelvic stabilizers. (Not met.)

Thank you very much for referring this patient to Vector Rehabilitation Physical Therapy.

Sincerely,


Claire Eyton, P.T., C.L.T.

Sleep Disorders Center

St. Joseph Hospital
ST JOSEPH
HEALTH SYSTEM2367 13th Street
Eureka, Ca. 95501
707.443.7493 Main Number
707.443.7439 Fax Number2700 Dolbear Street
Eureka, California 95501
707.445.8121 TelDATE: 2-2-05TO: ApriaFAX: 442-1066

OF PAGES: (INCLUDING THIS COVER SHEET) _____

PHYSICIAN'S LETTER OF MEDICAL NECESSITY
PAP PRESCRIPTIONPatient Name: Diane Hussain DOB: 12-17-47Diagnosis: OSAMask: Resp. Comfort Gel Size: (S)


☒ CPAP Pressure: 11 cm H₂O ☒ C-Flex
☐ BIPAP IPAP: _____ cm H₂O ☐ BI-Flex
☐ EPAP: _____ cm H₂O

☐ Oxygen ☐ LM ☐ Chin Strap

☒ Heated Humidifier Reason: chronic Nasal Congestion

PAP unit is required for this patient due to the above diagnosis. I, the undersigned, certify that this prescription is reasonable and necessary according to accepted standards in treatment. The above named patient, if untreated, remains a risk for cardiac arrhythmia, hypertension, heart failure, stroke, diabetes, and other co-morbid medical conditions associated with obstructive sleep apnea.

Additionally, it has been demonstrated that the use of this device will improve sleep architecture disruption resulting from obstructive sleep apnea, as well as long-term reversal of symptoms (such as excessive daytime somnolence, difficulties in concentration, falling asleep inappropriately, and depression).


Physician's Signature

CC 2/2/05

NOTES: The information contained in this transmittal is for the use of the individual or entity named above. If the reader or recipient of this message is not the intended recipient, you are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited. If you received this communication in error, please notify us immediately by telephone and return the original message to us at St. Joseph Hospital, Administration 2700 Dolbear St., Eureka, CA 95501 via the U.S. Postal Service. Thank You.

A Ministry of the
Sisters of St. Joseph
of Orange

FEB 2 2005 10:51

FAX: 707.443.7439

SLEEP DISORDER CLINIC

HUSSAIN, DIANE G

Adm: 01/26/05

Dictated By: OSBORN MD, KURT M

POLYSOMNOGRAPHY

NO: 20005-068

REFERRED BY: CHIA CHEN, MD

CLINICAL HISTORY: This 57-year-old disabled woman has studied for likely sleep apnea. She has difficulty falling and staying asleep with lethargy even when not sleepy. She tends to sleep on either side but not her stomach. Other sleep-related symptoms include occasional violent confused awakenings, disturbing dreams, vivid dream-like themes when awake, breath holding, waking up gasping for breath from snoring, pain, restless disturbed sleep. During the day she has episodes of sudden bodily weakness while being aware of surroundings and sleep attacks with many sedentary activities. She has 1 planned and 3 unplanned naps per day. Her sleep-wake schedule is to bed at 12:30 a.m. with a 7:30 awakening, a 30-minute sleep latency, 3 awakenings during the night.

She has a family history of snoring and sleep apnea. Personal history of diabetes, depression, arthritis, numb feet, excessive thirst, foot pain, high blood pressure and cholesterol, muscle weakness, frequent nocturnal urination and tingling sensations. Her medicines for sleep include temazepam 30 mg nightly. She also takes a Duragesic patch 100 mcg every 3 days, Catapres #3, Norvasc, Lopressor, Amaryl, Humulin insulin and Lantus insulin. She has had hepatitis in 2003, toxic; does smoke, amount unspecified but a 20-year-smoking history. No alcohol. No caffeinated beverages. She does exercise but does not specify how. She is currently 5 feet, 5 inches tall and weighs 208 pounds, BMI 34.6.

TECHNIQUE: The study was performed with the following parameters measured throughout the entirety of the recording:
Electroencephalogram, electromyogram of the chin and lower extremities, electrooculogram, electrocardiogram, air flow from the nose and mouth, respiratory effort at the chest and abdomen, and finger oximetry.

The record was scored for sleep and the various other parameters in 30-second epochs.

This study began at 2248 and ended at 0619 for a total recording time of 467.4 minutes. Stanford Sleepiness Scale lights out was 5 and the Epworth Sleepiness Scale 19. This is a split night study.

Attn Phys: CHEN MD, CHIA

Adm Phys:

Dict Phys: OSBORN MD, KURT M

ST JOSEPH
HEALTH SYSTEM

Patient: HUSSAIN, DIANE G

Acct #: SA0000948934 Unit #: SU02049887

Loc: SLEEP.G.

DOB: 12/17/1947 Age: 57

Report #: 0201-0201

Site: St. Joseph's Hospital Eureka
2700 DOLBER RD., EUREKA, CA<Electronically signed by KURT M OSBORN
MD>

POLYSOMNOGRAPHY

1 of 3

HUSSAIN, DIANE G

Date: 01/26/05

Disordered By: OSBORN MD, KURT M

SLEEP PARAMETERS: Pre CPAP total recording time 150 minutes. Total sleep time 122.5 minutes. Sleep latency 5 minutes. Awake after sleep onset 8 minutes. Stage 1 14.7%, stage 2 71.8%, stage 3 13.1%, stage 4 0.4%. REM was never achieved pre CPAP. There were 8 awakenings by count and additionally 57 arousals. Twenty one of these were from snoring and 20 from hypopnea, 3 from apnea. Arousal index elevated at 27.9. Sleep efficiency 82%. The sleep architecture was lightened with no stage 4 or REM sleep with an increasing number of arousals.

ELECTROENCEPHALOGRAM: Normal for sleep stage.

ELECTROCARDIOGRAM: A steady sleep average of 68.4 beats per minute in normal sinus rhythm. Pulse CPAP fell to 60.6 beats per minute.

RESPIRATORY: Thirty-two supine and 3 nonsupine events for an AHI of 17.1 with strong fractional component of 27.4. RDI was higher including snore arousals again 27.4. Oxygen saturation 94.6%, lowest 80%. Desaturation Index 16.7. Mild-to-severe snoring was heard.

ELECTROMYOGRAM: Only 8 isolated limb movements, none meeting PLM criteria either pre or post CPAP.

CPAP titration was performed with a Resprionics small comfort gel mask employing C-flex technology in a heated humidifier. CPAP was titrated from 4 to eventually 11 cm of water. It required this pressure to clear snoring. REM supine was achieved twice at 10 and 11 cm of water. Some alpha intrusion was noted. Oxygen saturation stabilized.

IMPRESSION:

OBSTRUCTIVE SLEEP APNEA, MILD TO MODERATE, POSITIONAL, OVERALL APNEA-HYPOPNIA INDEX 17.1 WHILE TREATED WITH CONTINUOUS POSITIVE AIRWAY PRESSURE AT A PRESSURE OF 11 CM OF WATER. SUPINE RAPID EYE MOVEMENT WAS ACHIEVED.

COMMENT:

KURT M OSBORN, MD

KMO/MEDQ Job#: 434950 DD: 01/28/2005 10:58:49 DT: 01/30/2005 15:50:43

Att Phys: CHEN MD, CHIA

Adm Phys:

Diet Phys: OSBORN MD, KURT M



ST. JOSEPH
HEALTH SYSTEM

Patient: HUSSAIN, DIANE G

Acct #: SA0000948934 Unit #: SU02049887

Loc: SLEEP.G.

DOB: 12/17/1947 Age: 57

Report #: 0201-0201

Site: St. Joseph's Hospital Eureka
2700 DOLBEER RD., EUREKA, CA

<Electronically signed by KURT M OSBORN MD>

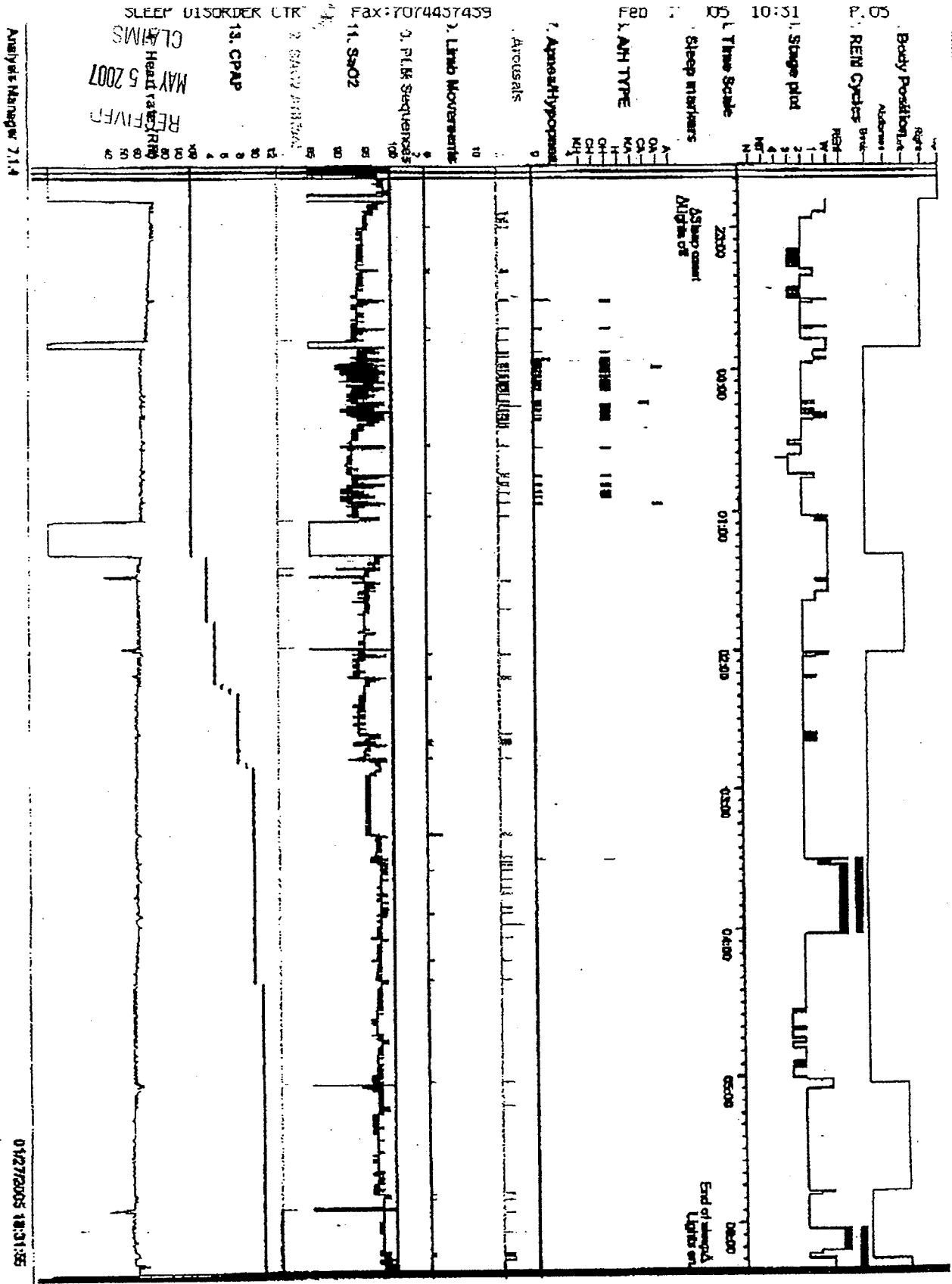
POLYSOMNOGRAPHY

2 of 3

Feb 2 2005 10:31 P.04

FAX: (707) 4437459 SLEEP DISORDER CTR

SLIC 0198



Recording Code: 01272005
Recording Date: 01/26/2005
Patient Name: HUSSAIN, Dina O
Birthdate: 12/17/1947
Ref: 05 505

RUN DATE:04/11/07

ST. JOSEPH HEALTH SYSTEM-HUMBOLDT COUNTY

PAGE 1

RUN TIME:1202

Outpatient Laboratory Services 2200 Harrison Eureka CA

PATHOLOGISTS:

Megan J. Smith-Zagone,MD
Lic. No A89551Stanley T. Hino, MD
Lic. No. G46039Erik J. Burman,MD
Lic. No. G64607PHYSICIAN
CHEN, CHIA MD

PATIENT: HUSSAIN, DIANE G	ACCT #: SA0001307950	LOC: UC.G	U #: SU02049887
REG-DR: MCCAFFREY, KATE-DO	AGE/SX: 59/F	ROOM:	REG: 04/07/07
	DOB: 12/17/1947	BED:	DIS:
	STATUS: DEP ER	TLOC:	
Specimen: 07:M0004812S COMP Collected: 04/07/07-1900 Source: SPUTUM Received: 04/08/07-0831 Sp Desc: SPUT			
Comments: Comments? UCI DELAYED TRANSPORT MAY AFFECT CULTURE RESULTS			
Procedure	Result	Site	
> CULTURE, SPUTUM Final		G	
Organism 1	YEAST		
QUANTITATION	MANY		
DESCRIPTION/COMMENT	TWO COLONY TYPES		
	MANY COLONIES OF NORMAL THROAT FLORA		

G - St. Joseph Hospital - General Hospital Campus
2200 Harrison Ave, Eureka, CA

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MAY 15 2007

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SLIC 0200

RUN DATE:04/09/07

ST. JOSEPH HEALTH SYSTEM-HUMBOLDT COUNTY

PAGE 1

RUN TIME:1202

Outpatient Laboratory Services 2200 Harrison Eureka CA

PATHOLOGISTS:

Megan J. Smith-Zagone, MD
Lic. No A89551Stanley T. Hino, MD
Lic. No. G46039Erik J. Burman, MD
Lic. No. G64607PHYSICIAN
CHEN, CHIA MD

PATIENT: HUSSAIN, DIANE G	ACCT #: SA0001307950	LOC: UC.G	U #: SU02049887
REG DR: MCCAFFREY, KATE DO	AGE/SX: 59/F	ROOM:	REG: 04/07/07
	DOB: 12/17/1947	BED:	DIS:
	STATUS: DEP ER	TLOC:	
Specimen: 07:M0004812S RES		Collected: 04/07/07-1900	Source: SPUTUM
		Received: 04/08/07-0831	Sp Desc: SPUT
Comments: Comments? UC1 DELAYED TRANSPORT MAY AFFECT CULTURE RESULTS			
Procedure	Result	Site	
> GRAM STAIN Final GRAM STAIN	MODERATE YEAST SEEN MODERATE GRAM POSITIVE COCCI MIXED TYPES FEW GRAM POSITIVE RODS AND GRAM NEGATIVE RODS MANY WHITE BLOOD CELLS SEEN MODERATE EPITHELIAL CELLS	G	

G - St. Joseph Hospital - General Hospital Campus
2200 Harrison Ave, Eureka, CA

cc

**Saint Joseph Hospital
Outpatient Imaging Center**

Humboldt Radiology Medical Group
Matthew Fluke, M.D., Richard Greaney, M.D., Greg Holland, M.D.,
Janet Moore, M.D., Abe Pera, D.O., Donald Wheeler, M.D.

Name: HUSSAIN, DIANE G
Exam: MAMMOGRAPHY, SCREENING, BILAT
Date: 04/04/07

History: Routine screening.

Technique: Bilateral, digital, with computer-assisted detection (CAD).

Comparison: Humboldt Radiology, 6/23/05 and 11/27/01 at Mad River Hospital.

Findings:

Breast Density: Scattered fibroglandular densities. Stable symmetric pattern.

Masses: None.

Architectural Distortion: None.

Calcifications: There is a small collection of probable benign microcalcifications in the upper outer right breast that were visualized on the CC view of the prior exam in 2001 but could not be located on the MLO view. They have probably not changed appreciably since 6/23/05.

Other: None.

IMPRESSION:

Probably no significant change in small collection of benign-appearing microcalcifications in the upper outer right breast that have been present since at least 11/27/01. No specific mammographic indicators of malignancy in either breast.

BI-RADS 2/Benign Finding

Dictated by: DEAN GREGORY HOLLAND MD
<Electronically signed by DEAN GREGORY HOLLAND MD>

CC

Patient:	HUSSAIN, DIANE G	DOB:	12/17/1947	Age:	59
Examination:	MAMMOGRAPHY, SCREENING, BILAT				
Ord No:	0404-0042				
Acct No:	SA0001303551	Unit No:	SU02049887		
Ord. Phys:	CHEN, CHIA MD	PACS ID:	SJSSJE0002687		
Pri Care Phys:	CHEN, CHIA MD	Dist Date:	04/05/07	Sign Date:	04/05/07 1659
Pt Status:	RBG CLI	Report Status:	Signed	Trans By:	GB - 04/05/07 1651
cc:	CHIA CHEN, MD	Rep No:	0405-4324		

CHIA CHEN MD - Physician Copy

Saint Joseph Hospital, A System of St. Joseph of Orange Corporation, 2700 Dolbeer Street, Eureka, California 95501

Page 1 of 1

SLIC 0202

RUN DATE:03/13/07

RUN TIME:1202

PATHOLOGISTS:

ST. JOSEPH HEALTH SYSTEM-HUMBOLDT COUNTY
Outpatient Laboratory Services 2200 Harrison Eureka CA

PAGE 1

Megan J. Smith-Zagone,MD
Lic. No A89551Stanley T. Hino, MD
Lic. No. G46039Erik J. Burman,MD
Lic. No. G64607PHYSICIAN
CHEN, CHIA MD

PATIENT: HUSSAIN, DIANE G

ACCT #: SA0001292528

LOC: UC.G

U #: SU02049887

REG DR: DUNN, JAMES MD

AGE/SX: 59/F

ROOM:

REG: 03/10/07

DOB: 12/17/1947

BED:

DIS:

STATUS: DEP ER

TLOC:

Specimen: 07:M0003413S COMP

Collected: 03/10/07-1906

Source: GROIN

Received: 03/10/07-2011

Sp Desc: LEFT

Comments: Is patient on antibiotics? N

Procedure	Result	Site
> CULTURE, WOUND/TISSUE Final		
Organism 1	KLEBSIELLA PNEUMONIAE	G
QUANTITATION	FEW	
Organism 2	STREP AGALACTIAE GROUP B	
QUANTITATION	MODERATE	
Organism 3	STREPTOCOCCUS SPECIES	
QUANTITATION	MODERATE	
DESCRIPTION/COMMENT	MICROAEROPHILIC	
GROUP B STREPTOCOCCUS ISOLATES ARE UNIVERSALLY SUSCEPTIBLE TO PENICILLIN AND AMPICILLIN. PLEASE CONTACT MICROBIOLOGY LAB IF SENSITIVITIES ARE REQUIRED FOR PATIENTS WITH PENICILLIN ALLERGY.		
	KLE PNEUMO	
	M.I.C.	RX
AMIKACIN	<=2	S
AMPICILLIN	>=32	R
A/S	4	S
PIPERACIL/TAZO	<=4	S
CEFAZOLIN	<=4	S
CEFEPIME	<=1	S
CEFOTETAN	<=4	S
CEFTAZIDIME	<=1	S
CEFTRIAXONE	<=1	S
GENTAMICIN	<=1	S
TOBRAMYCIN	<=1	S
IMIPENEM	<=1	S
AZTREONAM	<=1	S
TRIMETH/SULF	<=20	S
LEVOFLOXACIN	<=0.25	S

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SLIC 0203

RUN DATE: 03/12/07

ST. JOSEPH HEALTH SYSTEM-HUMBOLDT COUNTY

PAGE 1

RUN TIME: 1201

Outpatient Laboratory Services 2200 Harrison Eureka CA

PATHOLOGISTS:

Megan J. Smith-Zagone, MD
Lic. No A89551Stanley T. Hino, MD
Lic. No. G46039Erik J. Burman, MD
Lic. No. G64607PHYSICIAN
CHEN, CHIA MD

PATIENT: HUSSAIN, DIANE G		ACCT #: SA0001292528	LOC: UC.G	U #: SU02049887
REG DR: DUNN, JAMES MD		AGE/SX: 59/F	ROOM:	REQ: 03/10/07
		DOB: 12/17/1947	BED: -	DIS:
		STATUS: DEP ER	TLOC:	
Specimen: 07:M0003413S RES Collected: 03/10/07-1906 Source: GROIN Received: 03/10/07-2011 Sp Desc: LEFT				
Comments: Is patient on antibiotics? N				
Procedure	Result	Site		
> CULTURE, WOUND/TISSUE Preliminary		G		
Organism 1	GRAM NEGATIVE ROD			
QUANTITATION	FEW			
DESCRIPTION/COMMENT	SENSITIVITY TO FOLLOW			
Organism 2	BETA HEMOLYTIC STREPTOCOCCUS			
QUANTITATION	MODERATE			

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2200 Harrison Ave, Eureka, CA

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RUN DATE:03/11/07

ST. JOSEPH HEALTH SYSTEM-HUMBOLDT COUNTY

PAGE 1

RUN TIME:1201

Outpatient Laboratory Services 2200 Harrison Eureka CA

PATHOLOGISTS:

Megan J. Smith-Zagone, MD
Lic. No A89551Stanley T. Hino, MD
Lic. No. G46039Erik J. Burman, MD
Lic. No. G64607PHYSICIAN
CHEN, CHIA MD

PATIENT: HUSSAIN, DIANE G		ACCT #: SA0001292528	LOC: UC.G	U #: SU02049887
REG DR: DUNN, JAMES MD		AGE/SX: 59/F	ROOM:	REG: 03/10/07
		DOB: 12/17/1947	BED:	DIS:
		STATUS: DRP ER	TLOC:	
Specimen: 07:M0003413S RES Collected: 03/10/07-1906 Source: GROIN				
Received: 03/10/07-2011 Sp Desc: LEFT				
Comments: Is patient on antibiotics? N				
Procedure	Result	Site		
> CULTURE, WOUND/TISSUE	Preliminary	G		
Organism 1	GRAM NEGATIVE ROD			
QUANTITATION	FEW			

G - St. Joseph Hospital - General Hospital Campus
2200 Harrison Ave, Eureka, CA

cc

SLIC 0205

EXHIBIT E



Administrative Office:
2700 West Plano Parkway • Plano, Texas 75075-8200

June 12, 2007

Terri C. Smith
99 Horseshoe Lane
Hiram GA 30141

Policy Number(s): 72A45P0585
Claim Number(s): B-651853
Regarding: Diane Geraldine Hall-Hussain

Dear Ms. Smith:

Consideration has been given to your request for benefits. Please let me explain our handling.

This policy consists of Accident Coverage only. The Accidental Death Benefit is a benefit paid for a Covered Person who suffers loss of life as a result of injury. Injury means bodily injury caused by an accident which occurs while this Policy is in force. The Injury must be the direct cause of Loss, independent of disease or bodily infirmity. Loss must occur within 90 days after the date of an accident which caused such Injury.

The EXCLUSIONS section states, "No benefit shall be paid for Injury that: ...

3. is caused by or results from the Covered Person's taking or using any narcotic, barbiturate or any other drug, unless taken or used as prescribed by a Physician; or
7. is due to disease, bodily or mental infirmity, or medical or surgical treatment of these."

The death certificate provides a cause of death as Oxycodone Intoxication. How the injury occurred is listed as "Decedent took an accidental overdose of Oxycodone." Dr. Chen informed us that the Oxycontin was prescribed for chronic pain. We contacted Humboldt County Deputy Coroner, Mr. Horton, and were informed that he had spoken with Dr. Chen. Dr. Chen advised Mr. Horton that she recently increased your mother's Oxycontin dose. Mr. Horton stated that the increase in the amount of medication would not make a difference as the number of pills your mother took was far more than what was prescribed. He indicated that her Oxycodone level would have been lethal on its own without the affects of the other medications found, and that her bronchitis was exacerbated by the excessive drug level. Also, the Oxycodone was being taken for the medical treatment of a disease or bodily infirmity which is excluded from coverage. Based upon this information, the provisions and Exclusions listed above we are unable to provide benefits. It does not appear that the death comes under the coverage terms of the policy.

Page 2

Policy Number(s): 72A45P0585
Claim Number(s): B-651853
Regarding: Diane Geraldine Hall-Hussain

Our position is based on the information in our file and our denial should not be considered a waiver of any other Company defenses. If you have additional information which you feel may affect our handling, please forward it to us for our review. Again, we would like to express our sympathy to you and your family for the loss of your mother. If you have any questions about the policy, please call us on our toll-free number, 1-800-692-5246, my extension is 6265. Our fax number is 972-881-6367, and our e-mail address is claimsdms@aegonusa.com.

Sincerely,

Judy Lovelady, ALHC
Technical Claims Specialist
Claims Department

P.S. Should you feel your claim has been improperly denied or rejected, we want you to know you may contact the California Department of Insurance with your complaint and seek assistance from the governmental agency that regulates insurance. To contact the Department, write or call: California Department of Insurance, Consumer Communications Bureau, 300 South Spring Street, South Tower, Los Angeles, CA 90013. The toll-free number is 1-800-927-HELP (4357)-within CA or 1-213-897-8921-outside CA.

Cc: Michelle C. Smith

SLIC 0039

EXHIBIT F

7/31/07
LJL

STENNETT CASINO

Attorneys at Law

Koll Center
501 West Broadway
Suite 1340
San Diego, CA 92101
(619) 544-6404
fax (619) 233-3796
www.StennettCasino.com

July 20, 2007

Judy Lovelady
Stonebridge Life Insurance Company
2700 West Plano Parkway
Plano, Texas 75075

RE: Terri and Michelle Smith
Policy No: 72A45PO585
Claim No: B-651853

Dear Ms. Lovelady:

I am writing to ask that Stonebridge reconsider its denial of benefits to my client under the relevant accidental death policy and reconsider its refusal to provide all documents requested by Ms. Casino of my office with her letter of June 15, 2007.

Your letter of June 12, 2007, advising my client Terri Smith that Stonebridge Life was denying her claim for benefits cited two exclusions within the policy upon which Stonebridge Life was basing its denial. As interpreted by Stonebridge Life, neither of these two exclusions are valid under California law.

Stonebridge's policy which provides "**accidental death and dismemberment coverage**" is considered a disability policy under the California Insurance Code.

Disability insurance includes insurance appertaining to injury, disablement or death resulting to the insured from accidents....
(California Insurance Code § 106).

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CLAIMS
7/30/07
JL

The California Insurance Code sets forth provisions that must be contained within disability policies and also sets forth the exclusions that may be included in disability policies. The limitations and exclusions that may be contained in a disability policy delivered or issued to a person in the State of California are set forth in sections 10369.2 to 10369.12, inclusive. No limitations or exclusions are allowed in disability policies which are "less favorable in any respect to the insured or the beneficiary." (Section 10369.1).

SLIC 0002

July 20, 2007
Stonebridge Life Insurance Company
Page Two

California Insurance Code § 10369.12 provides:

A disability policy may contain a provision in the form set forth herein.

Intoxicants and controlled substances: The insurer shall not be liable for any loss sustained or contracted in consequence of the insured's being intoxicated or under the influence of any controlled substance *unless administered on the advice of a physician*. (emphasis added).

Stonebridge Life denied my client's claim based on an exclusion that reads:

No benefit shall be paid for injury that:

3. is caused by or results from the Covered Person's taking or using any narcotic, barbiturate or any other drug, unless taken or used *as prescribed by a Physician*; (emphasis added)

Stonebridge Life's exclusion violates California law in that it is narrower than is allowed by statute. Thus, the provision is rewritten to conform to the California Insurance Code. (Holloway v. J.C. Penney Life Insurance Co. 190 F.3d 838). Stonebridge asserts that the insured took more than the prescribed amount of Oxycontin resulting in her death. Though we dispute that assertion, it truly does not matter if she was taking more than was prescribed by her physician. The statutory language "*administered on the advice of a physician*" has been interpreted by the courts as "not imposing the strict requirement of following prescribed doses to the letter." (Hummel v. Continental Casualty Insurance Company 254 F.Supp.2d 1183, 1189). In the Hummel case, Mrs. Hummel made a claim for accidental death benefits following the death of her daughter, Erica. Erica had been prescribed Oxycodone to alleviate her migraine headaches. Her prescription directed that the Oxycodone be taken twice a day as needed. She apparently took substantially more than was prescribed and died as a result of the overdose. Continental Casualty denied the claim citing the policy provision identical to Stonebridge which excluded loss from "drugs unless taken as prescribed by a physician." The court, however, interpreted the limitation as more narrow than that allowed by law which interpreted "administered on the advice of a physician" as not requiring the insured to take the medication as prescribed.

This exact same issue was litigated by this firm in a United States District Court case of Legge v. Canada Life Assurance Co. I have enclosed herewith the court's "Findings of Fact and

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CLAIMS

SLIC 0003

July 20, 2007
Stonebridge Life Insurance Company
Page Three

Conclusions of Law" following trial of the matter. You will note therein that the court states

Defendants have also failed to prove the substances found in Mr. Legare's system were not administered on the advice of a physician. Contrary to defendant's argument, the statutory language does not require a showing the decedent was taking the medication exactly as prescribed. Following the rationale of Hummel . . . the court finds the focus of the statutory limitation is to exclude losses resulting from the illegal use of drugs as opposed to legitimate use of a controlled substance pursuant to a physician's advice. (Page 3:lines 18-24).

The second exclusion cited by Stonebridge reads as follows:

No benefit shall be paid for injury that:

7. is due to disease, bodily or mental infirmity, or medical or surgical treatment of these.

There is no definition of "medical treatment" in the policy. I would submit that pain medication is not a "medical treatment of a disease." Rather, it is a method of masking pain which is a symptom of a disease. It is submitted that the intent of this provision is to exclude death or injury caused at the hands of a medical provider such as during surgery. At a minimum the provision is vague and ambiguous and in California, where more than one reasonable interpretation may be made of a provision in an insurance policy, an exclusion is interpreted in its narrowest sense so as to grant the greatest possible coverage.

To interpret the medical treatment exclusion as Stonebridge has also is inconsistent with California Insurance Code § 10369.12 cited above that prohibits excluding losses caused by the use of medication prescribed by a physician. To the extent that it is inconsistent with the California Insurance Code it is void.

Regarding your refusal to provide the medical records pertaining to decedent Diane Geraldine Hall-Hussain, upon which Stonebridge Life based its denial of benefits, I would remind you that Stonebridge Life has a fiduciary-like duty to my client to treat her with fairness and in good faith. There is nothing confidential or proprietary with regard to the medical records referenced. By your suggestion that my client obtain the records directly from the health care providers you

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SLIC 0004

July 20, 2007

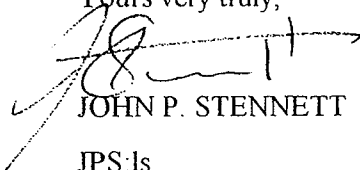
Stonebridge Life Insurance Company

Page Four

acknowledging that she has the authority to obtain the records. However, obtaining the records from the medical providers does not tell us what records Stonebridge has in its possession and upon which it relied. As you know, this material would be discoverable during litigation. To compel your own insured to file a lawsuit merely to obtain documentation that should be freely exchanged in an effort to amicably resolve the issues between an insurer and its beneficiary is clearly an act of bad faith. Please promptly forward the requested documents.

I trust that even before sending the requested documents that you will acknowledge coverage under the facts of this case and under the law of the State of California as outlined above.

Yours very truly,



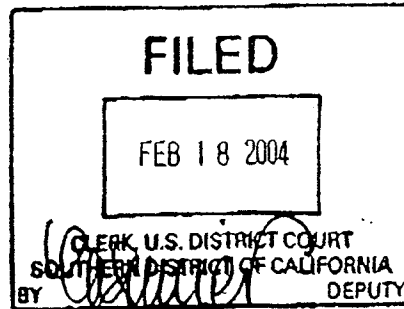
JOHN P. STENNETT

JPS:ls
Enclosure

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SI IC 0005

Smith for



UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF CALIFORNIA

LYNNE LEGARE,

Plaintiff,

vs.

THE CANADA LIFE ASSURANCE
COMPANY, et al.,

Defendants.

CASE NO. 02cv0798 DMS (NLS)

**FINDINGS OF FACT AND
CONCLUSIONS OF LAW
FOLLOWING BENCH TRIAL**

The above entitled case came on regularly for trial on January 26, 2004. John P. Stennett, Esq. appeared on behalf of Plaintiff, and Shelby B. Sears, Esq. of Harrington, Foxx, Dubrow & Company, P.C. appeared on behalf of Defendants. After reviewing the evidence and hearing argument of counsel, the Court hereby issues the following findings of fact and conclusions of law:

FINDINGS OF FACT

1. Arthur Legare died in an automobile accident that occurred on March 29, 1999.
2. Mr. Legare collided with a bicyclist on the highway shoulder that may have resulted in the bicyclist sustaining a fractured wrist.
3. Mr. Legare then collided with the rear of two other vehicles, neither collision resulting in any bodily injuries.

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02cv0798 RECEIVED
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CLAIMS

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1 4. Ultimately, Mr. Legare collided with the rear of a van that was stopped on the freeway.
 2 This collision resulted in an explosion of the van's gas tank. The resulting fire consumed Mr.
 3 Legare and his automobile.

4 5. The County of San Diego Autopsy Report declared the cause of death as inhalation of
 5 products of combustion and extensive body burns with contributing factors of blunt trauma
 6 injuries.

7 6. Two medications were found in Mr. Legare's bloodstream after his death: Soma, a
 8 muscle relaxant, and Tylenol with Codeine Number 3, an analgesic. These medications were
 9 prescribed by Mr. Legare's physician for long-standing back pain.

10 7. The officers that investigated the accidents leading up to Mr. Legare's death suggested
 11 he violated California Vehicle Code Section 20001, Misdemeanor Hit and Run.

12 8. Plaintiff Lynne Legare is Arthur Legare's wife. She is also the beneficiary of her
 13 husband's group accidental death policy issued by Defendant Canada Life.

14 9. The insured benefits were provided as part of an employee benefit plan governed by the
 15 Employee Retirement Income Security Act of 1974 (ERISA), 29 U.S.C. § 1001 et seq.

16 10. The plan provided for benefits to be paid to Plaintiff in the amount of \$68,000 if her
 17 husband died accidentally.

18 11. Canada Life denied Plaintiff's claim for benefits citing two exclusions in the policy.
 19 The first exclusion stated: "No payment will be made under this provision if the loss, or injury
 20 leading to the loss, occurs while: (1) in the course of operating a motor vehicle; (a) under the
 21 influence of an intoxicant" Canada Life also denied the claim under the exclusion that
 22 provided no coverage if the loss occurred while "committing or attempting to commit a
 23 felony."

24 CONCLUSIONS OF LAW

25 12. Under ERISA, state insurance regulations are saved from preemption. 28 U.S.C. §
 26 1144(6)(2)(A).

27 13. California Insurance Code Section 10369.12 provides:

28 A disability policy may contain a provision in the form set forth herein.

1 Intoxicants and controlled substances: The insurer shall not be liable for any loss
2 sustained or contracted in consequence of the insured's being intoxicated or
3 under the influence of any controlled substance unless administered on the
advice of a physician.

4 14. This Court finds the controlled substances exclusion of the Canada Life policy is more
5 restrictive than that allowed under California Insurance Code Section 10369.12. Accordingly,
6 Canada Life's policy must be rewritten to conform with California law.

7 15. Canada Life has the burden of proving each of the three elements of California
8 Insurance Code Section 10369.12. Those elements are whether Mr. Legare's death was (1)
9 in consequence of (2) being under the influence of a controlled substance and (3) whether the
10 substances found in Mr. Legare's system were "not administered on the advice of a physician."

11 16. In determining the first element, the Court follows the cases of Garvey v. State Farm,
12 48 Cal. 3d 395 (1989) and Olsen v. American Banker's Ins. Co. of Florida, 30 Cal. App. 4th
13 816 (1994). These cases require the intoxication to be the predominant cause of the loss. The
14 evidence presented to the Court demonstrates that several factors may have contributed to Mr.
15 Legare's death, including the design of the gas tank, the explosion thereof, and Mr. Legare's
16 intoxication. In light of this evidence, Defendants have failed to prove Mr. Legare's
17 intoxication was the predominant cause of the loss.

18 17. Defendants have also failed to prove the substances found in Mr. Legare's system were
19 not administered on the advice of a physician. Contrary to Defendants' argument, the statutory
20 language does not require a showing the decedent was taking the medication exactly as
21 prescribed. Following the rationale of Hummel v. Continental Casualty Ins. Co., 254
22 F.Supp.2d 1183, 1189 (D. Nev. 2003), the Court finds the focus of the statutory limitation is
23 to exclude losses resulting from the illegal use of drugs as opposed to the legitimate use of a
24 controlled substance pursuant to a physician's advice. In this case, the parties agree the drugs
25 found in Mr. Legare's system were prescribed by his physician.

26 18. Defendants have also failed to present any evidence to support their argument the felony

27 ///

28 ///

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1 exclusion of the policy applies in this case. The only evidence presented to the Court
2 suggested Mr. Legare violated California Vehicle Code Section 20001, which is misdemeanor
3 hit and run.

4 19. Having failed to prove the elements under California Insurance Code Section 10369.12
5 and the felony exclusion of the policy, the Court finds Plaintiff is entitled to the benefits under
6 her husband's accidental death policy issued by Defendant Canada Life.

7 **IT IS SO ORDERED.**

8 DATED: 2-18-07


9 DANA M. SABRAW
United States District Judge

10 cc: all parties
11 Judge Stormes
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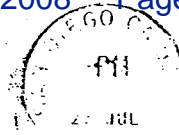
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CLAIMS

STENNETT

CASINO

Attorneys at Law

501 West Broadway, Suite 1340
San Diego, California 92101



|||||

Judy Lovelady

Stonebridge Life Insurance Company

2700 West Plano Parkway

Plano, Texas 75075

7507538205 0015

|||||

SLIC 0010

EXHIBIT G



Insurance Company

Administrative Office:

2700 West Plano Parkway • Plano, Texas 75075-8200

CHARLES K. COSTA, CLU, FLMI, FLHC, ACS
Vice President – Claims

PHONE 972/881-6300 • FAX 972/881-6369

August 9, 2007

Mr. John P. Stennett
Stennett - Casino
Attorneys at Law
501 West Broadway, Suite 1340
San Diego, California 92101

Regarding : Dianne G. Hall-Hussain
Certificate No. : 72A45P0585
Claim No. : B-651853-01

Dear Mr. Stennett:

Your recent letter to Ms. Lovelady has been received and forwarded to my attention for review and response.

We do not believe benefits are payable as outlined in our letter dated June 12, 2007. We believe our Certificate exclusion is in compliance with California Insurance Code and the death of Ms. Hall-Hussain falls within the exclusion. Additionally, while we acknowledge there is no definition of medical treatment in our Certificate, we believe the average person would view medical treatment as anything a doctor does in an effort to relieve or cure a condition. Therefore taking medication in this case would be treatment.

As to the release of records, it is certainly not our intention to force anyone in to a lawsuit. We advised your office what information we had and where it came from. When evaluating a claim, we use all the information we get before making a decision. If the claim cannot be paid, the specific reasons are given as in this case.

Sincerely,
STONEBRIDGE LIFE INSURANCE COMPANY

A handwritten signature in cursive script that reads 'Ken Costa'.

Ken Costa
Vice President – Claims

EXHIBIT H

4/27/07 AXC Claim

STONEBRIDGE LIFE

Insurance Company

2700 West Plano Parkway • Plano, Texas 75075-8200

TO EXPEDITE YOUR CLAIM

1. ATTACH A CERTIFIED DEATH CERTIFICATE.
2. PLEASE COMPLETE THIS FORM INCLUDING ALL PAGES, SIGN AND DATE.
3. PLEASE ALSO SIGN AND DATE THE ENCLOSED AUTHORIZATION.
4. IF A PHYSICIAN'S STATEMENT IS ENCLOSED, PLEASE HAVE IT COMPLETED BY THE DOCTOR.
5. IF THERE WAS NO SURVIVING SPOUSE OR NAMED BENEFICIARY THE ENCLOSED AFFIDAVIT OF HEIRSHIP SHOULD BE COMPLETED AND SIGNED.
6. ENCLOSE AUTOPSY REPORT IF AVAILABLE.
7. ENCLOSE POLICE REPORT IF AVAILABLE.
8. ENCLOSE NEWSPAPER ARTICLE IF AVAILABLE.
9. OUR FAX # IS 1-972-881-6367
10. OUR TOLL FREE PHONE # IS 1-800-692-5246.

PROOF OF ACCIDENTAL DEATH – AFFIDAVIT OF CLAIMANT
ATTACH A CERTIFIED DEATH CERTIFICATE

1. Complete Name of Deceased Diane Geraldine Hall-Hussain
2. Policy/Certificate Numbers 72 A 45 P0585
3. Other Names by which Deceased is known _____
4. Residence of the Deceased at Death 606 8th St Eureka CA 95501
5. Deceased's Date of Birth REDACTED Social Security # REDACTED
6. Place, Date and Cause of Death Residence, 4-9-07, Accidental Overdose Prescrib
7. What Date did Accident Occur? unknown 4/8/07 Approximate Time of Accident _____
8. If Accident at work, give Name and Address of Employer _____
9. Where and how did Accident occur? * See Below * Diane was prescribed a toxic dose of oxycontin by medical provider. Was on 120 pills a month and went up to 270
10. What injury or injuries were sustained? death
11. Eyewitness Name n/A Phone Number _____
12. If Police Report is not attached, please give Name, Address and Phone Number of Agency and the Name of the Investigating Officer Will not release Eureka PD, 604 C St Eureka, CA 95501 Report #3C0726
13. If Autopsy or Inquest Report not attached, give name and address of Coroner/Medical Examiner Roy Horton, 3012 I St Eureka CA 95501 (707) 445-7242
14. Name and Address of first Doctor/Hospital seen after injury n/A
15. Name and Town/City of other Hospitals Confined for this Accident n/A
16. Name, Address and Phone Number of Doctor who attended Deceased at the time of death n/A
17. Deceased's Family Doctor's Name, Address and Phone Number Chia Chen, 2350 Bahne St Eureka CA 95501 707 443 4593 707 443 6447 fax

Continue

INET (12/2005)

SLIC 0015

AIPGI

* Within days after Oxycontin was increased my mother died *

18. Deceased's Pharmacy Name, Address and Phone Number

Eureka CA 95501 (707) 441 8500 Lima Pharmacy 2097 Harrison

19. List all Medical Treatment in the Past Five Years

Hospital/Physician	Address	Telephone #	Condition(s)	Treatment Dates

20. Was the Deceased covered by any other Accident or Life Insurance Policy?

☐ Yes

☒ No

If yes, state Name and Address

The undersigned hereby makes claim to said insurance and agrees that the written statements and affidavits of all physicians who attended or treated the deceased, and all other records of any kind called for by the instructions here in, shall constitute and they are hereby made a part of these Proofs of Death, and further agrees that the furnishings of this form, or of any other forms supplemental thereto, by said Company shall not constitute nor be considered an admission by it that there was any insurance in force on the life of the Deceased in said Company, nor a waiver of any of its rights or defenses.

I authorize any physician, medical practitioner, hospital, clinic, other medical or medically related facility (including any Veteran's Administration Facility Hospital), insurance or reinsurance company, employer or consumer reporting agency, having information available as to diagnosis, treatment, or prognosis with respect to any physical or mental condition, and/or treatment of the Deceased, and any law enforcement agency having information available on the Deceased to give the Company or its legal representative any and all such information.

I know that I may request to receive a copy of this Authorization. I agree that a photocopy of this Authorization is as valid as the original. I agree that this Authorization is valid two years from the date shown.

Signature:

Terri Smith

Date:

4.24.07

Address:

99 Horseshoe Lane Hiram GA

Telephone No.:

228-235-2111

Relation to Deceased

Daughter

IMPORTANT: THIS SECTION MUST ALWAYS BE COMPLETED IN FULL TO RECEIVE PROCEEDS (Please Print Clearly)

Beneficiary's Name:

Terri Christine Smith

REDACTED
Date of Birth

Beneficiary's Citizenship

☒ U.S. () Other, please indicate

Address:

99 Horseshoe Lane Hiram GA 30141

Social Security Number/Taxpayer I.D. #

012-60-7983

Relationship to Deceased:

Daughter

If the correct Taxpayer I.D. or Social Security Number is not supplied, Federal and State income tax withholding may apply. Under penalty of perjury, I certify that the information supplied on this form is true, correct and complete.

Please sign using the same name as you use on your checks.

Terri I Smith

Unless otherwise requested, if proceeds are payable and the amount eligible, an interest-bearing checking account will be opened for you and you will promptly receive your personalized checks. Interest will be paid at the competitive variable rate and you may immediately utilize all or a portion of these funds by writing a check against the account. For a current quote on the interest being paid or for other information regarding your interest-bearing account, please call our toll free number, 1-888-527-9448.

For your protection California law requires the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

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APR 27 2007

EXHIBIT I

Please add to claim:



Insurance Company

2700 West Plano Parkway • Plano, Texas 75075-8200

AFFIDAVIT OF HEIRSHIP REGARDING HEIRS OF

Diane Hussain

Name of Deceased

Certificate/Policy Number(s)

72A45P0585

PLEASE NOTE THAT THIS FORM IS TO BE COMPLETED ONLY BY THOSE PERSONS CLAIMING BENEFITS

Please check one of the following boxes that applies:

☒ Children are filing (there is no spouse). How many children including step or adopted are there? 2

Number

☐ Parents are filing (there is no spouse or children, step-children or adopted children).

☐ Personal Representative of the Estate is filing (there is no spouse, children, or parents).

We the undersigned, together and separately, by signing below, swear under penalty of perjury, that this affidavit is true and correct and that we are the only living heirs, as it applies to the beneficiary provisions of the policy(s) issued by the company listed above on the referenced insured at the time of his/her death, having no living spouse. Also, by signing below, we agree to hold harmless the said company from any and all costs, reasonable attorney fees, actions, loss or damage which it may suffer by virtue of its reliance on this affidavit and its payment to me/us under and because of the said policy(s) of insurance.

IMPORTANT: THIS SECTION MUST ALWAYS BE COMPLETED IN FULL TO RECEIVE PROCEEDS
(PLEASE PRINT CLEARLY)

NAME FIRST	MIDDLE	LAST	DATE OF BIRTH
<u>Michelle</u>	<u>Constance</u>	<u>Smith</u>	<u>REDACTED</u>
ADDRESS STREET	CITY	STATE	ZIP CODE
<u>2235 Forest Lake Ct</u>	<u>Eureka</u>	<u>CA</u>	<u>95801</u>
POLICY NUMBER(S)	DAY PHONE NUMBER		
	<u>707 499 4703</u>		
SS # / TAXPAYER ID NUMBER	EMAIL ADDRESS	RELATION TO DECEASED	
<u>REDACTED</u>	<u>littlecitysmith@yahoo.com</u>	<u>Daughter</u>	
If the correct Taxpayer ID or Social Security Number is not supplied, Federal and State income tax withholding may apply. Under of penalty of perjury, I certify that the information supplied on this form is true, correct and complete. Please sign the same signature as you use on your checks.			
X* <u>[Signature]</u>		Current Date <u>4-25-07</u>	
BENEFICIARY'S CITIZENSHIP		(<input checked="" type="checkbox"/>) U.S. () OTHER, PLEASE SPECIFY	

IMPORTANT: THIS SECTION MUST ALWAYS BE COMPLETED IN FULL TO RECEIVE PROCEEDS
(PLEASE PRINT CLEARLY)

NAME FIRST	MIDDLE	LAST	DATE OF BIRTH
<u>Terri</u>	<u>Christine</u>	<u>Smith</u>	<u>REDACTED</u>
ADDRESS STREET	CITY	STATE	ZIP CODE
<u>99 Horseshoe Lane</u>	<u>Hiram</u>	<u>GA</u>	<u>30141</u>
POLICY NUMBER(S)	DAY PHONE NUMBER		
	<u>228-235-2111</u>		
SS # / TAXPAYER ID NUMBER	EMAIL ADDRESS	RELATION TO DECEASED	
<u>REDACTED</u>	<u>ntsmc@yahoo.com</u>	<u>Daughter</u>	
If the correct Taxpayer ID or Social Security Number is not supplied, Federal and State income tax withholding may apply. Under of penalty of perjury, I certify that the information supplied on this form is true, correct and complete. Please sign the same signature as you use on your checks.			
X* <u>[Signature]</u>		Current Date <u>4-24-07</u>	
BENEFICIARY'S CITIZENSHIP		(<input checked="" type="checkbox"/>) U.S. () OTHER, PLEASE SPECIFY	

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APR 30 2007

EXHIBIT J

UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF CALIFORNIA

CASE NO. C 08-01466 JCS

TERRI SMITH and MICHELLE
SMITH FREGOSO,

Plaintiffs,

vs.

STONEBRIDGE LIFE INSURANCE
COMPANY,

Defendants.

-----/

D E P O S I T I O N

O F

CHIA CHEN, M.D.

. . .

FRIDAY, APRIL 11, 2008

. . .

8:15 A.M.

. . .

VALERIE WALKER, CSR #7209

CRNICH DEPOSITIONS

626 H STREET, EUREKA, CA. 95501

TELEPHONE 707 443-4879

FAX 707 443 4870

CONFERENCE ROOMS

A P P E A R A N C E S

FOR THE PLAINTIFFS:

Law Offices of Jack Stennett
BY: Jack Stennett, Esq.
and
Barbara Casino, Esq.
501 West Broadway, Ste. 1340
San Diego, CA 92101
(619) 544-6887

(Appearing telephonically)

FOR THE DEFENDANTS:

MANATT, PHELPS & PHILLIPS, LLP
BY: Joseph Laska, Esq.
11355 West olympic Boulevard
Los Angeles, CA 90064
(310) 312-4352

I N D E X

EXAMINATIONPAGE

By Mr. Laska

5, 72

By Mr. Stennett

66, 74

EXHIBITSDESCRIPTIONPAGE

A

Medical records

21

B

April 9, 2007 notes

52

C

Death certificate

61

1 UNITED STATES DISTRICT COURT
2 FOR THE NORTHERN DISTRICT OF CALIFORNIA
3 CASE NO. C 08-01466 JCS
4 . . .
5

6 TERRI SMITH and MICHELLE
7 SMITH FREGOSO,
8
9 Plaintiff,
10
11 vs.

12
13 STONEBRIDGE LIFE INSURANCE
14 COMPANY,
15
16 Defendants.
17
18 ----- /

19
20 Be it remembered that pursuant to notice, and on
21 Friday, April 11, 2008, commencing at the hour of
22 8:15 a.m. thereof, at the office of Redwood Family
23 Practice, 2350 Buhne Street, Eureka, California, before
24 me, Valerie Walker, Certified Shorthand Reporter Number
25 7209 for the State of California, personally appeared

CHIA CHEN, M.D.,

a witness in the above-entitled action, called by the
Defendant, who, after having been duly sworn to testify
to the truth, the whole truth and nothing but the truth,
was interrogated and examined in said cause.

1 EUREKA, CALIFORNIA; FRIDAY, APRIL 11, 2008 .

2 8:15 A.M.

3 . . .
4
5 CHIA CHEN, M.D.,

6 having been duly sworn, testified as follows:
7

8 EXAMINATION

9 BY MR. LASKA:

10 Q. Good morning, Dr. Chen.

11 A. Good morning.

12 Q. Could you please state your name for the record?

13 A. Chia Chen.

14 Q. Have you ever been known by any other names?

15 A. No.

16 Q. Okay. Do you have a maiden name?

17 A. I have a middle name, L-I-N.

18 Q. L-I-N?

19 A. Yes.

20 Q. As I said, I introduced myself earlier, but for
21 the record, Joe Laska. I'm an attorney, and I represent
22 Stonebridge Life Insurance Company in connection with
23 the litigation that was filled by Terri Smith and
24 Michelle Smith Fregoso, who were daughters of Diane
25 Geraldine Hall-Hussain, who I understand was your former

1 another office and decided to come back here.

2 Q. What was the name of the previous physician from
3 this office that she had seen?

4 A. I believe -- I don't have a name here on my
5 record, but I believe it was Eureka Internal Medicine,
6 although she had several because of all the specialists
7 she'd been going to, so I'm not surprised that I didn't
8 write that particular physician down. But on my records
9 it was Dr. Albertini, A-L-B-E-R-T-I-N-I, who was the
10 urologist, kidney specialist. But you could say that
11 was the last one she saw.

12 Dr. Albertini was a doctor she saw here, not in
13 this office, in this town.

14 Q. Okay. I see. Sorry. I may have misunderstood.
15 I believe you testified she continued her treatment with
16 a different doctor here in this office?

17 A. Right. In 1999 she saw a different physician, a
18 primary physician, and she was not seen in our office
19 until I saw her in 2004. So between those times she had
20 seen other physicians, including other primary
21 physicians and specialists.

22 Q. What was the name of the primary physician from
23 this office that she saw in 1999?

24 A. That was Dr. Newman, N-E-W-M-A-N.

25 Q. Were you Ms. Hall-Hussain's primary physician

1 from July 7th, 2004 --

2 A. Yes.

3 Q. -- through the time of her death?

4 A. Yes.

5 Q. To your knowledge, did Ms. Hall-Hussain see any
6 other doctors during that period?

7 A. Yes, specialists and also any doctor that might
8 have consulted while she was hospitalized, but I don't
9 believe she's seen any other primary doctors.

10 Q. Do you know Dr. Ann Lindsay?

11 A. Yes.

12 Q. Do you know if Ms. Hall-Hussain was a patient of
13 Dr. Lindsay's?

14 A. Not from this record in front of me, but I could
15 search through it more, if you like. She might. She's
16 been in this area for a while so she might have seen
17 other physicians in the area that I'm not aware of.

18 Q. Dr. Lindsay doesn't work in this office, correct?

19 A. No.

20 Q. But have you no personal knowledge of
21 Ms. Hall-Hussain seeing Dr. Lindsay?

22 A. That could be the doctor she'd seen before. I
23 recall she said that she was fired by another physician,
24 and that might be -- it was -- or maybe she fired her.

25 But anyway, so she was on a medication called

1 A. Yes.

2 Q. Do you remember the first time that you
3 prescribed it for her?

4 A. No, I don't remember the dates.

5 Q. We can walk through the records and try to figure
6 that out. But what was the reason that you prescribed
7 the oxycodone for Ms. Hall-Hussain?

8 A. For intractable pain.

9 Q. And you prescribed the OxyContin to treat the
10 intractable pain?

11 A. Right. I have the date if you like, April 21st,
12 2005.

13 Q. To keep the record clean, why don't we look at
14 the stack of documents that I gave to you, and I'll
15 point out where I believe that is. If you would notice
16 at the bottom of each page there's a number that says
17 SLIC, and if you could turn to the page that is 129.

18 A. Okay.

19 Q. Is that the record that you were looking at in
20 your file?

21 A. Yes.

22 Q. And based on this record, it's your recollection
23 that you first prescribed OxyContin for Ms. Hall-Hussain
24 on April 21st, 2005?

25 A. Yes.

1 Q. Can you explain the difference between OxyContin
2 and oxycodone?

3 A. Oxycodone is a generic form of OxyContin.

4 Q. So OxyContin is the brand name?

5 A. Correct.

6 Q. And are the two essentially interchangeable?

7 A. Essentially, but patients will tell you
8 differently. Sometimes they will claim that a generic
9 is different from a brand name.

10 Q. Was there a reason that you prescribed in this
11 case OxyContin as opposed to oxycodone?

12 A. OxyContin is supposedly the longer lasting form
13 so that hopefully they won't have to take it as often.

14 Q. And how long is OxyContin supposed to last?

15 A. Supposedly 12 hours, so we tend to use it twice a
16 day. Sometimes it doesn't last as long as it's claimed
17 so patients may end up taking it three times a day.

18 Q. Well, let's look at the note for April 21st.

19 A. Are you still referring to page 129?

20 Q. I am, please.

21 Now, pretend that I don't know anything about
22 doctors notations or writing prescriptions, and I assure
23 you it's not that much of a stretch to pretend that. So
24 if you could please walk me through these notations so
25 that we can understand this. It says, "OxyContin" and

1 the two possibilities that I can think of.

2 Q. And MS Contin, is that also a painkiller?

3 A. Yes.

4 Q. And actually, can you describe the type of
5 medicine that OxyContin is?

6 A. It's a narcotic painkiller.

7 Q. Used to treat pain?

8 A. Severe pain, yes.

9 Q. So before prescribing OxyContin, you had
10 prescribed MS Contin?

11 A. Yes.

12 Q. And for whatever reason Ms. Hall-Hussain didn't
13 pick that up from the pharmacy?

14 A. Yes.

15 Q. Before prescribing MS Contin, to the best of your
16 recollection, had you prescribed any other painkillers
17 for Ms. Hall-Hussain?

18 A. I might have. I need to look at the records.

19 Q. If you want to take a moment and flip back, that
20 would be fine, if that would refresh your recollection.

21 A. So the only one that I see -- for some reason,
22 both of these sheets, the dates are not clear. But this
23 one, the 130, page 130 looks like it should be from '05
24 as well, because on the bottom I made a notation. And
25 looks like she was on a Duragesic patch, and I switched

1 appears to be a note from November 3rd, 2006?

2 A. Yes.

3 Q. At the bottom it seems to indicate that
4 Ms. Hall-Hussain is -- or was still instructed to take
5 40 milligrams of OxyContin, two pills three times a day?

6 A. Yes.

7 Q. So that was the same dosage as last time?

8 A. Yes.

9 Q. And it was not an increase?

10 A. Yes.

11 Q. Okay. Let me ask you -- we have, based on the
12 notes that we've looked at, seems like Ms. Hall-Hussain
13 was on OxyContin from April 2005, starting in April
14 2005?

15 A. Yes.

16 Q. To your knowledge, was she taking OxyContin from
17 April 2005 up through the time of her death?

18 A. Yes. It should be.

19 Q. I mean, you don't have any recollection that she
20 had stopped taking it at any point and then started
21 taking it again?

22 A. I would have to look through the records to see
23 if she told me she stopped and started. If the refill
24 record shows that every month we've been refilling it,
25 then I'd have to assume she was taking it or she

1 wouldn't be filing for a refill.

2 Q. Let's discuss that process.

3 The number of pills that you prescribed for
4 Ms. Hall-Hussain was intended to last 30 days?

5 A. Yes.

6 Q. So one month supply?

7 A. Yes.

8 Q. So did she refill her prescription every month?

9 A. I can look and tell you. Do you want me to look
10 and tell you?

11 Q. Yes, please. And I think the notes you're
12 looking for are probably at 134, and there's some
13 additional notes on 135 and 136.

14 A. So it looks like it's very close to monthly, yes,
15 because you can see every month, April, May, June, July,
16 August, so forth.

17 Q. How did that work logistically? Did Ms. Hall
18 have to come in every month personally for the
19 prescription? Was it something that you were able to
20 telephone into the pharmacy?

21 A. Yeah. The way we do it is, if a person has had a
22 long experience with the medication, I feel that they
23 are -- they don't need to come in every month. They can
24 come in every three months. Or if I feel that they do
25 need to come in every month, I will make them come in

1 A. Exactly.

2 Q. Because of all the dangers involved?

3 A. Yes.

4 Q. And the next time you prescribed the medication
5 was March 26?

6 A. Yes.

7 Q. If I could direct your attention to page 112, to
8 the second to last page from the top. Is this your
9 handwriting?

10 A. No. This is a student, a nursing -- well, a
11 nurse practitioner student.

12 MR. STENNETT: When you say "this," are you
13 referring to the Post-it note?

14 MR. LASKA: I'm sorry. We're looking at
15 112, and it's just a whole sheet of notes. And I was
16 referring to the handwriting in general.

17 MR. STENNETT: Okay.

18 BY MR. LASKA:

19 Q. It appears to be dated April 3rd, 2007?

20 A. Yes.

21 Q. The middle of the page, based on what we
22 discussed earlier, it appears to indicate that you
23 increased the dosage of OxyContin to 40 milligrams three
24 tabs three times per day?

25 A. Yes.

1 Q. And the number next to that is 270?

2 A. Yes.

3 Q. And that's because three tabs three times a day
4 is nine tabs per day times 30 days is 270?

5 A. Uh-huh. Yes.

6 Q. So based on these notes, it's your recollection
7 that this is accurate in that on April 3rd you increased
8 the dosage of Ms. Hall-Hussain's OxyContin?

9 A. Yes.

10 Q. Do you have any independent recollection of this
11 office visit?

12 A. Yes.

13 Q. Do you remember why it was that you increased the
14 dosage at that time?

15 A. It's because she complained of more pain, and her
16 pain is not being controlled by what she's on. And she
17 might have expressed to me that -- she stopped the
18 existing medications she had or she could have lost it
19 because she had traveled or she don't have it anymore
20 for any reason, somebody could have taken it from them.
21 There's all kinds of reasons that she may not have
22 enough medication. And this is only a part of that day.

23 And what I recall is that she also developed some
24 sores and foot problems that may give her additional
25 pain that was not her usual pain amount. There's other

1 the transcript will be assumed to be correct as is and
2 an unsigned copy can be used for all purposes at trial
3 or any other instance in this matter.

4 MR. STENNETT: And that her signature be
5 under penalty of perjury.

6 MR. LASKA: Yes, of course.

7 MR. STENNETT: So stipulated.

8 MR. LASKA: All right. Talk to you in
9 awhile.

10 (The deposition was concluded at 10:05 a.m.)

11

12

13

14 I hereby certify under penalty of perjury that the
15 foregoing is true and correct.

16 Executed this ____ day of _____, 2008,
17 at _____.

18

19

20 CHIA CHEN, M.D.

21

22

23

24

25

1 STATE OF CALIFORNIA)
) ss.
2 COUNTY OF HUMBOLDT)

3 I, Valerie Walker, CSR No. 7209, a Certified
4 Shorthand Reporter of the State of California, hereby
5 certify that the witness in the foregoing deposition was
6 by me duly sworn to testify to the truth, the whole
7 truth and nothing but the truth in the within-entitled
8 cause; that said deposition was taken at the time and
9 place therein stated; that the testimony of the said
10 witness was reported by me and was thereafter
11 transcribed under my direction into typewriting; that
12 the foregoing is a full, complete and true record of
13 said testimony; and that the witness was given an
14 opportunity to read and correct said deposition and to
15 subscribe the same. Should the signature of the witness
16 not be affixed to the deposition, the witness shall not
17 have availed himself/herself of the opportunity to sign
18 or the signature has been waived.

19 I further certify that I am not of counsel or
20 attorney for either or any of the parties in the
21 foregoing deposition and caption named, or in any way
22 interested in the outcome of the cause named in said
23 caption.

24 Valerie Walker
25 Certified Shorthand Reporter

EXHIBIT K

UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF CALIFORNIA

CASE NO. C 08-01466 JCS

. . .

TERRI SMITH and MICHELLE
SMITH FREGOSO,

Plaintiffs,

vs.

STONEBRIDGE LIFE INSURANCE
COMPANY,

Defendants.

-----/

D E P O S I T I O N

O F

DEPUTY CORONER ROY HORTON

. . .

FRIDAY, APRIL 11, 2008

. . .

11:00 A.M.

. . .

VALERIE WALKER, CSR #7209

CRNICH DEPOSITIONS
626 H STREET, EUREKA, CA. 95501

TELEPHONE 707 443-4879

FAX 707 443 4870

CONFERENCE ROOMS

A P P E A R A N C E S

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FOR THE DEFENDANTS:

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Los Angeles, CA 90064
(310) 312-4352

I N D E X

EXAMINATIONPAGE

By Mr. Laska

5, 69

By Mr. Stennett

62

EXHIBITSDESCRIPTIONPAGE

A

Coroner's File

B

Death Investigation Report

20

C

Death Certificate

1 UNITED STATES DISTRICT COURT
2 FOR THE NORTHERN DISTRICT OF CALIFORNIA
3 CASE NO. C 08-01466 JCS
4 . . .
5

6 TERRI SMITH and MICHELLE
7 SMITH FREGOSO,

8 Plaintiffs,

9 vs.

10 STONEBRIDGE LIFE INSURANCE
11 COMPANY,

12 Defendants.
-----/

13 Be it remembered that pursuant to notice, and on
14 Friday, April 11, 2008, commencing at the hour of
15 11:00 a.m. thereof, at the offices of Crnich
16 Depositions, Certified Shorthand Reporters, 626 H
17 Street, Eureka, California, before me, Valerie Walker,
18 Certified Shorthand Reporter Number 7209 for the State
19 of California, personally appeared

20 DEPUTY CORONER ROY HORTON,

21 a witness in the above-entitled action, called by the
22 Defendant, who, after having been duly sworn to testify
23 to the truth, the whole truth and nothing but the truth,
24 was interrogated and examined in said cause.
25

1 EUREKA, CALIFORNIA; FRIDAY, APRIL 11, 2008

2 11:00 A.M.

3 . . .

4

5 DEPUTY CORONER ROY HORTON,

6 having been duly sworn, testified as follows:

7

8 EXAMINATION

9 BY MR. LASKA:

10 Q. Good morning, Deputy.

11 A. Good morning.

12 Q. If you could state your name for the record,
13 please.

14 A. Roy W. Horton, H-O-R-T-O-N.

15 Q. What does the W stand for?

16 A. Wilbur.

17 Q. Is that W-I-L-B-U-R?

18 A. Yes.

19 Q. Have you ever been known by any other name?

20 A. No.

21 Q. We just met before we went on the record, but
22 again, my name is Joe Laska. I'm an attorney. I
23 represent Stonebridge Life Insurance Company in
24 connection with a lawsuit filed by the daughters of a
25 woman named Diane Geraldine Hall-Hussain. The lawsuit

1 relying on in giving your testimony.

2 BY MR. LASKA:

3 Q. Deputy, if you could look at this next document
4 and tell me if you recognize it.

5 MR. LASKA: Jack and Barbara, I'm showing
6 him documents that are Bates numbered SLIC 0070 through
7 74.

8 Q. Do you recognize the document, sir?

9 A. Yes.

10 Q. What is it?

11 A. Face page of my narrative, the narrative itself
12 and copies of the toxicology report.

13 Q. Okay. And these document taken together, do
14 these comprise the entire death investigation report?

15 A. Yes.

16 Q. So when going through the testimony let's refer
17 to these documents because they're numbered and counsel
18 on the phone will be able to follow along.

19 Going back, you were testifying that you were
20 called to 606 Eighth Street, Number 2, in Eureka?

21 A. Correct.

22 Q. And what did you do next?

23 A. I met with Officer Laird out in the front of the
24 apartment building.

25 Q. Do you remember what, if anything, he told you at

1 questions.

2 Anything else, Counsel?

3 MR. STENNETT: No, nothing here. Thank you.

4 MR. LASKA: Can we just incorporate the same
5 stipulation from the last deposition?

6 MR. STENNETT: That's fine.

7 (The deposition was concluded at 12:45 p.m.)

8

9

10

11 I hereby certify under penalty of perjury that the
12 foregoing is true and correct.

13 Executed this ____ day of _____, 2008,

14 at _____.

15

16

17 ROY HORTON

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24

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1 STATE OF CALIFORNIA)
2) ss.
3 COUNTY OF HUMBOLDT)

4 I, Valerie Walker, CSR No. 7209, a Certified
5 Shorthand Reporter of the State of California, hereby
6 certify that the witness in the foregoing deposition was
7 by me duly sworn to testify to the truth, the whole
8 truth and nothing but the truth in the within-entitled
9 cause; that said deposition was taken at the time and
10 place therein stated; that the testimony of the said
11 witness was reported by me and was thereafter
12 transcribed under my direction into typewriting; that
13 the foregoing is a full, complete and true record of
14 said testimony; and that the witness was given an
15 opportunity to read and correct said deposition and to
16 subscribe the same. Should the signature of the witness
17 not be affixed to the deposition, the witness shall not
18 have availed himself of the opportunity to sign or the
19 signature has been waived.

20 I further certify that I am not of counsel or
21 attorney for either or any of the parties in the
22 foregoing deposition and caption named, or in any way
23 interested in the outcome of the cause named in said
24 caption.

25 Valerie Walker
Certified Shorthand Reporter